

National Honor Society
Bosqueville High School
Individual Community Service Project

Member Name _____

Name of Project _____

Describe the NEED for this project:

Describe the NATURE of this project:

Describe the INTENDED RECIPIENTS of your service

WHEN _____ WHERE _____ and HOW LONG _____ will you provide this service?

PERMISSION to provide service

I confirm that _____ will be providing the following service: _____

Name _____ Title/position _____

Company/Organization _____ Email/phone _____

CONFIRMATION of service provided

On _____ (date), _____ (name) provided the following service project to _____ (beneficiaries):

(description of service project)

Signature _____ Date _____

NHS member: On the back of this page, describe the BENEFITS of the RECIPIENTS and provide evidence that these recipients have received those benefits.