

**NHS Member Name:**

**Date and Description of Service Activity:**

**How would you like to count this service activity? Check one:**

- Will Count as Individual Service Project
- Will Count as Replacement for Chapter Service



**Service Verification**

*Completed by Coach, Advisor, Director or Supervisor*

**Name (printed):**

**Signature:**

**\*Be sure to get photos of yourself completing this service. You'll need the photos later.**