



**Guthrie Chapter of the National Honor Society Guthrie, OK**

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**COMMUNITY SERVICE VERIFICATION FORM**

NHS Member's Name:				
Supervisor's Name:				
Supervisor's Email Address/Phone Number:				
Name of Organization receiving Service (if applicable)				
Date(s) of Service:				
Number of Hours worked:				
Short summary of task(s) completed:				
<b>Performance Evaluation</b>	<b>Great</b>	<b>Good</b>	<b>Fair</b>	<b>Notes (if desired)</b>
Punctuality				
Attitude				
Quality of Work/Productivity				
Overall Performance				
Date Submitted:				
Signature of Supervisor:				