**NHS COMMUNITY SERVICE HOURS**

**VERIFICATION FORM 2020/2021**

**NHS Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

All Preapproval forms need separate verification forms. **DO NOT** include multiple activities on one verification form unless they originate from a single preapproval form. For instance, if you helped out at a community organization on several different days, but it all relates to a single preapproval, use a single verification form and lists the multiple days below. This form must be submitted within 30 days of the completion of the event.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE(S) OF****ACTIVITY** | **HOURS** **SERVED** | **CONTACT PERSON****(please print)** | **SIGNATURE OF** **CONTACT PERSON** | **PHONE NUMBER/EMAIL** **OF CONTACT PERSON** |
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**The NHS Member MUST** provide a ***thorough*** description of the activity listed above. If performed on multiple dates, indicate what services were

 performed on each date, in addition to having a signature/contact information for each date.

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