

National Honor Society The Academy of Allied Health and Science 2325 Heck Avenue Neptune, NJ  
07753

## VERIFICATION OF **SERVICE** ACTIVITIES

\_\_\_\_\_ is academically eligible for membership in the AAHS National Honor Society. Membership, however, is also based on service. We solicit your help in evaluating this student. Please indicate your information regarding his/her service in:  
(Indicate the name and/or nature of the activity you advise)

PART ONE: DESCRIPTION Please enumerate the activities that this student has performed that can be considered as service to others. Be as explicit as possible concerning the student's level of involvement. (Use reverse side or another piece of paper if necessary.)

PART TWO: TIME/DURATION Please estimate the number of hours per week that the applicant was involved.  
\_\_\_\_\_ hours per week Please estimate the duration of the service activity. \_\_\_\_\_ days  
or weeks (circle one)  
\_\_\_\_\_ Total Hours Activity Advisor's Name

\_\_\_\_\_  
(Please print) Signature

Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Thank you for the  
assistance you have rendered to the NHS Selection Committee.  
Sincerely, Suzanne Romano NHS Advisor