

NHSDA Community Service Form

Must complete 8 hours by the Induction Ceremony. Seniors must complete at least 4 by January 2017, with the remaining completed by the March/April Induction.

DANCER'S NAME: _____ GRADE: _____

DATE OF SERVICE: _____ TIME: _____ to _____ TOTAL HOURS: _____

TYPE SERVICE / ROLE: _____

NAME OF ORGANIZATION / PERSON ASSISTED: _____

DESCRIPTION OF SERVICE: (USE COMPLETE SENTENCES & THE BACK OF THE PAPER)

WHAT DID YOU LEARN / GAIN BY DOING THIS SERVICE?

Supervisor's Name (Print):

Parent / Guardian's Signature:

Supervisor's Phone Number:

Student's Signature:

Supervisor's Email or Website:

NWSA NHSDA Advisor's Approval:

Supervisor's Signature (non-family member):

Comments:
