**National Honor Society**

***Hendersonville High School Chapter***

**ALTERNATIVE SERVICE VENUE APPROVAL FORM**

***MUST BY APPROVED BY SPONSOR BEFORE SERVICE COMPLETED!***

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date(s) of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# of Service Hours Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your immediate supervisor in this activity (name, phone number, and/or email):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date form signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *OR*  Date of text to sponsors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NHS Adviser Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Not Approved**

*In order to receive service credit for NHS at organizations or events not listed on the Approved Service Venues list,* ***you must receive approval before the event****. To obtain approval, complete and submit this form to Mrs. Kotler or Mrs. Watts. This form must be submitted to Mrs. Kotler or Mrs. Watts in person, and approval status will be indicated to you immediately. Do NOT assume that your activity will automatically be approved. Submitting this form in person to a sponsor is essential so that you know immediately whether or not your activity will count for NHS service. If approved, you will need to complete an Official Service Hours Documentation form after you perform the service.*