

**JM Whitaker Chapter- National Honor
Society Jefferson/Silva High School - Spring
2020**



Directions: Please complete all sections. This survey form must be returned to Mr. Keich in room (102/104 Jefferson) by 2:15 p.m., Monday, March 23, 2020. NO LATE SURVEY PACKETS WILL BE ACCEPTED!

I. Administrative Information

NAME:		Classification:	
SCHOOL:			
SCHOOL ENROLLMENT DATE:			

Staple or Tape Recent Picture Here



JM Whitaker Chapter- National Honor Society

Jefferson/Silva High School - Spring 2020

II. Extra Curricular (SCHOOL HOURS): List all activities in which you have participated during THIS semester. Include school clubs, band, orchestra, choir, ROTC, athletic teams, and academic teams, etc. (no individual teachers), and the major accomplishments or contributions in each. (Don't list leadership positions in this section; those will be placed in section III.)

Name of Club or Organization	Classification				Total hours rendered (during the <u>current semester</u> ; don't include meetings or practices)	Description of Services rendered	Sponsor/Coach printed/ name and phone number	SPONSOR/COACH SIGNATURE: Sign ONLY if hours were accrued between (12/19-3/20)
	9	10	11	12				
1								
2								
3								
4								
5								
6								
7								

JM Whitaker Chapter- National Honor Society

Jefferson/Silva High School - Spring 2020

III. Leadership Positions List all elected or appointed leadership positions held in school, the community, or work activities. Only those positions in which you were directly responsible for directing/motivating others should be included. For example, elected student body, class, or club officer; committee chairperson; team captain; newspaper/yearbook editor; work area manager; or .community leader, etc. Please list them in reverse chronological order.

Name of Club or Organization	Classification				Position Held
	9	10	11	12	
1					
2					
3					
4					
5					
6					

JM Whitaker Chapter- National Honor Society

Jefferson/Silva High School - Spring 2020

IV. Community Service Hours: Please list all community service performed out of school THIS semester. Generally speaking, service activities are those which are done for or on behalf of others (not including immediate family members or individuals or for-profit organizations) for which no compensation (monetary or other) has been given (think non-profit organization). These activities are activities in which you participated for the betterment of your community. For example: church youth groups, Boy/Girl Scouts, volunteer services for the elderly, poor, or disadvantaged, etc. Please list the name and phone number of an adult supervisor who can verify your participation in each activity and include signatures.

Name of Non-Profit Organization	Classification				Total Hours (for the CURRENT semester)	Description of Services Rendered	Supervisor printed name and phone number	Supervisor Signature: Sign only if hours were accrued since December, 2020.
	9	10	11	12				
1								
2								
3								
4								
5								
6								

JM Whitaker Chapter- National Honor Society

Jefferson/Silva High School - Spring 2020

V. Work Experience, Recognition, and Awards: List below any job experience, honors, or recognition that you have received that support your bid to be selected for membership in the National Honor society. Work experience may be paid or volunteer.

Job, Award or Recognition	Classification				Work Activity and # of Hours Spent
	9	10	11	12	
1					
2					
3					
4					
5					
6					

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VI. Other Requirements:

- Initial here Provide signatures and contact info for each sponsor/supervisor for both school and community service hours.
- Initial here Distribute 5 teacher evaluations (current math, English, SS, and science, and one elective) and provide the names of each below:
English _____ Math _____
Science _____ Social Studies _____
Elective Class _____ (Name of elective class) _____
(Provide each teacher with an envelope addressed to Mr. Keich)
- Initial here Attach correct, signed attendance report to the back of this survey
- Initial here Attach a recent photograph of yourself (make sure it's stapled or taped to the first page of the form).

**I understand that completing this form does not guarantee selection to
NHS and confirm that the information I have provided is correct, current, and honest.**

Student Signature _____ **Date:** _____

I have read the information provided on this form and verify that is accurate.

Parent/Guardian Signature _____ **Date:** _____

Home Address and Zip Code _____

Parent's Cell: _____ **Candidate's Cell:** _____