JUNIOR FORM

CENTRAL BUCKS WEST NATIONAL HONOR SOCIETY
***SCHOOL SERVICE* EVALUATION FORM**
(make copies as needed for Section I)

TO BE COMPLETED BY APPLICANT:

Name of Student: _____

Activity: _____ Estimate number of hours served: _____

Participated: ☐ 10th Anticipated to participate: ☐ 11th

TO BE COMPLETED BY ADVISER/COACH/COORDINATOR OF ACTIVITY:

Adviser/Coordinator of Activity: _____ (please print)

Adviser's signature: × _____

Adviser's Email Address: _____

Adviser's Phone Number: _____

Please rank the above student in the following categories (1 being lowest and 5 being highest):

- Commitment ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- Ability to work with others ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- Integrity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Can you confirm this student contributed a minimum of 5 hours service with your activity? ☐ YES ☐ NO

Are there any REQUIRED activities that could be considered community service hours? ☐ YES ☐ NO

If you selected YES, please explain the requirements:

_____

Is the above student:

- An appointed/elected leader ☐ YES ☐ NO

If you selected YES:

Who appointed/elected:
☐ Adviser/Coach
☐ Peers

What is the position: _____

If elected/appointed for the upcoming school year did the above student do any work thus far towards his/her position:
☐ YES ☐ NO

After completion, this form should be placed in a sealed envelope (provided by the student), SIGNED OVER THE SEAL, and <u>returned to the student</u>. Thank you for your time.