## Expectations for Members of National Honor Society

Membership in the National Honor Society involves commitment on the part of its members. Because it is a service organization, NHS requires involvement and cooperation. This means that one must have the time, the interest and the desire to provide service to others in both this school and this community. In order to maintain the ideals of excellence in scholarship, leadership, character, and service, all members of the NHS must exert a positive influence both inside and outside of the classroom. In addition, members must maintain a cumulative GPA of 3.5 or higher.

Students interested in membership should seriously consider the responsibility attached to the privilege of membership. In accordance with this philosophy, a meeting will be held shortly after induction to discuss the specific time commitments and service requirements established by the Faculty Council.

If selected as a member of the National Honor Society, I agree to be an active participant in all aspects of the organization. I realize that my membership is a privilege and is subject to review and possible revocation by the faculty council should I fail to maintain membership requirements.

Printed Name:	Date:
Signature:	Date:
Parent Signature:	Date:

#### Activities Department Contract

I \_\_\_\_\_\_ (Student) understand that as a member of NHS, I will abide by the Elkhorn Public Schools Activities Department Student Handbook. I understand it is my responsibility to follow the information and guidelines stated in the handbook. (A copy of the handbook is available from the NHS sponsors or athletic director.)

I \_\_\_\_\_\_ (Parent) understand that my son/daughter, who is a member of NHS, will abide by the Elkhorn Public Schools Activities Department Student Handbook. My signature indicates my support of the activities handbook. (A copy of the handbook is available from the NHS sponsors or athletic director.

The following chart lists the co-curricular and extracurricular activities available for high school students. Use the following code to indicate your involvement.

**X** = Membership participation only

- P = President E = Editor
- C = Captain (for season-NOT single game captain)

**O** = Officer of organization (other than President)

Must provide sponsor signature or attached documentation of participation.

\_\_\_\_\_

Organization	9 <sup>th</sup> grade	10 <sup>th</sup> grade	Sponsor/Coach Signature
Freshmen Mentor			
Student Council			
Technology Team			
Football			
Volleyball			
Softball			
Cross Country			
Golf			
Basketball			
Swimming/Diving			
Wrestling			
Soccer			
Baseball			
Tennis			
Track			
Bowling			
Student Trainer			
Cheerleader			
Dance Team			
Marching Band/Color Guard			
Jazz Band			
Show Choir/Show Band			
Musical/Orchestra			
School Play			
Debate			
Mock Trial			
Speech Team			
One-Act Play			
Yearbook			
Newspaper			
Robotics			
Trap Team			
Academic Decathlon			
Quiz Bowl			

**X** = Membership participation only

P = President E = Editor

C = Captain (for season-NOT single game captain) O = Officer of organization (other than President)

### Must provide sponsor signature or attached documentation of participation.

Organization 9 <sup>th</sup> grade 10 <sup>th</sup> grade		Sponsor/Coach Signature	
<u> </u>			
		Recipient	Counselor Signature
Academic Le	tter.)	d above. (No	te: Do not include Honor
9 <sup>th</sup> grade	10 <sup>th</sup> grade	Spons	sor/Coach Signature
	, or activities Academic Le		, or activities not addressed above. (No

**<u>Complete this page</u>** and the following pages for documentation of service hours. Service hours should represent a variety of serving the community in various ways. Hours accrue beginning the summer before freshman year.

Examples:

- **Church/youth groups**
- **D** Boy or Girl Scouts
- □ Volunteer groups or activities
- Elkhorn School carnivals/Elkhorn Public School events
- □ Peer tutoring/Mentoring

You must provide the following information for each year of service. Any activity without ALL of the information clearly written will not be considered.

Hours will be randomly verified via phone.

- Description of the activity
- □ Number of hours of participation
- Description of duties performed
- **Printed name and title** of the adult in charge of the activity
- □ Signature of the adult in charge of the activity (CANNOT be a parent's signature)
- Contact phone number of the adult in charge of the activity

9 <sup>th</sup> Total Hours	10 <sup>th</sup> Total Hours	SERVICE TOTAL

To earn the MAXIMUM number of points for service, a **junior** applicant needs at least **<u>100</u>** documented service hours.

\*After applications are submitted, hours will be reviewed and verified by the Faculty Council for approval.

If attaching documents, please LIST the activity, hours, duties, and printed name of the adult in charge on this page and write ATTACHMENT in the signature box with a phone number. Please put attachments in the same order as listed below.

\*Please print additional pages as needed to document service hours. Hours MAY INCLUDE the summer prior to 9<sup>th</sup> grade.

Organization	Total Hours	Activity/Duties performed	Printed name and title of adult in charge of activity	Signature (CANNOT BE PARENT)	Phone number
то					
ADD	ADDITIONAL PA	GES AS NECESSARY, TOT	AL UN LAST PAGE		

APPLICATIONS AND FORMS WILL NOT BE RETURNED

Name:\_\_\_\_\_

If attaching documents, please LIST the activity, hours, duties, and printed name of the adult in charge on this page and write ATTACHMENT in the signature box with a phone number. Please put attachments in the same order as listed below.

\*Please print additional pages as needed to document service hours. Hours MAY INCLUDE the summer prior to 10<sup>th</sup> grade.

Organization	Total Hours	Activity/Duties performed	Printed name and title of adult in charge of activity	Signature (CANNOT BE PARENT)	Phone number
TO	TAL FOR 2	10 <sup>TH</sup> GRADE S	ERVICE HOURS	<b>_</b>	
ADD	ADDITIONAL PA	GES AS NECESSARY, TOT	AL ON LAST PAGE		

APPLICATIONS AND FORMS WILL NOT BE RETURNED

Name:\_\_\_\_\_

Name:\_\_\_\_\_\_

One of the expectations of NHS members is participation in the Peer Tutor Program. NHS members serve as tutors to other students who make that request. Please outline below availability and subject preferences so tutor pairings can be made when needed.

I am willing to tutor the following subjects:		

I am available	BEFORE SCHOOL	STUDY HALL	AFTER SCHOOL
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

### Please complete your first semester class schedule.

Teacher Advisor	
First Period	
Second Period	
Third Period	
Fourth Period	
Fifth Period	
Sixth Period	
Seventh Period	



National Honor Society

Printed Name: \_\_\_\_\_\_Grade: \_\_\_\_\_Grade: \_\_\_\_\_

Please **initial** each line as you turn in your forms.

- Name and grade clearly written at the top of each page
- Expectation agreement signed by both applicant and parent
- Activities/Organizations and awards pages completed **WITH** all signatures
- Service hours TOTAL page stapled with each year's page
- Service hours ordered sequentially and totaled on each page WITH verification signatures and contact phone number
- Peer Tutor Program form complete
- Did you make a copy for your records? \*\*Especially your service hour documentation for ACHIEVE scholarships

# **Reminder: You will <u>NOT</u> get this application back.**

I hereby attest that my activities and service hours are complete and accurate to the best of my knowledge.

Signature:\_\_\_\_\_\_

Date: \_\_\_\_\_