Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Last, First, Middle Inital

Service Portfolio Cover Sheet for the FALL / SPRING Semester Ponte Vedra High School

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Organization Served** | **Service Performed** | **Hours Served** | **Attached Signed Service form** |
| August 28, 2017 | Ocean Palms Elementary | Read to kindergarten students | 2 | YES |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Hours Served & Signed:** | | | | 2 |

National Honor Society Advisor Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS Advisor Signature

*\*Your service cover sheet will be submitted to Guidance to enter into your records for PVHS after it has been entered into our NHS records by your NHS Service Advisor Mrs. Suzanne Alonzo. You must maintain a copy of all records as well. If you have any questions, contact your NHS Service Advisor via email* [*suzanne.alonzo@stjohns.k12.fl.us*](mailto:suzanne.alonzo@stjohns.k12.fl.us) *with CC:* [*ruth.lopez@stjohns.k12.fl.us*](mailto:ruth.lopez@stjohns.k12.fl.us) *\**