



Nottawaseppi Huron Band of the Potawatomi  
A Federally Recognized Tribal Government

Education Department and Committee  
2221 1 ½ Mile Road, Fulton, Michigan 49052  
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## COMMUNITY SERVICE VERIFICATION FORM

### NHBP COMMUNITY SERVICE PLAN

IDENTIFY A SOCIAL NEED—I have indicated with an “X” the area of need I plan to address. *Please note that serving family members or doing things that could be considered “chores” are not acceptable community service plans.*

- Preserve/protect environment and/or historical site(s)
- Health, welfare or community safety
- Improve standard of living for community residents
- Encourage or enhance the growth of community arts
- Enrich & improve the lives of mentally and/or physically disabled
- Increase the quality of life for an Elder (or Elders)
- Provide leadership, guidance, and activities for Youth

*Some examples of a need may be helping a neighbor (take out garbage, pick up yard, picking up trash from ditches around Rez....etc)*

If other than above, describe:

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What did you choose to do for your community service hour requirements, and why did you choose to do this?

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How do you feel that this positively impacted your community?

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Hours credited \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Community Service Administrator’s signature \_\_\_\_\_ Date \_\_\_\_\_