

Recognition Cord

Leadership through Service Award



Turn in this completed application and required documents to Jill Ames by March 31, 2022. It is the student's responsibility to have their completed application approved and signed by the appropriate teacher.

Late or incomplete applications will NOT be considered.

Student's Name: _____

Students applying for the recognition cord for Leadership through Service must meet the following requirements:

- Complete 150 hours of community and school service - all service must be verified by a supervisor's signature
- Volunteer at 10 HHS school-sponsored events (Parent/Teacher Conference, Sophomore Stampede, Sophomore Orientation, Take Action Night, Club Rush, etc...)
- Spend 10 hours promoting national campaigns (Red Ribbon Week, Breast Cancer Awareness, Suicide Prevention, Great American Smoke Out, etc...)
- Complete a Service Learning Portfolio that takes at least 10 hours
- Volunteer at least 20 times at an elementary feeder school.
- Use the Service Record on the back to record your service hours and required supervisor signatures

Ms. Ames' Approval _____

Jill Ames

It is your responsibility to obtain the appropriate signatures for verification. Applications will not be considered if there are not dependable signatures.

Service Record

Date Received by Counseling Center _____

Revised 9/8/21

Award: approved _____/denied _____ Note _____

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Herriman High Service Hours

| HHS Organization | Type of Service Performed | Location & Phone # | Supervisor's Name & Title | Supervisor's Signature | Number of Hours |
|---|---------------------------|--------------------|---------------------------|------------------------|-----------------|
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| Total Service Hours at Herriman High School= | | | | | |

Community Service Hours

| Community Organization | Type of Service Performed | Location & Phone # | Supervisor's Name & Title | Supervisor's Signature | Number of Hours |
|--|---------------------------|--------------------|---------------------------|------------------------|-----------------|
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| | | | | | |
| Total Community Service Hours = | | | | | |

Date Received by Counseling Center _____
 Award: approved _____/denied _____

Revised 9/8/21

Note _____