NHS Service Hours Form

Student Name (print): _____ School Name: _____

Activity/Organization Name and Description of Volunteer work	Hours completed	Date(s) work completed	Supervising Adult Name, Phone/Email (please print)	Supervising Adult Signature
1.			_____ **PH/EM:**	_____ **Date:**
2.			_____ **PH/EM:**	_____ **Date:**
3.			_____ **PH/EM:**	_____ **Date:**
4.			_____ **PH/EM:**	_____ **Date:**
5.			_____ **PH/EM:**	_____ **Date:**
6.			_____ **PH/EM:**	_____ **Date:**
7.			_____ **PH/EM:**	_____ **Date:**
TOTAL HOURS:				

I certify that the information presented above is a complete and accurate record of my high school service activities.

Student Signature: _____ Date: _____