

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: _____

