

Fall Semester NHS Community Service Verification

NHS Member Name: _____

Place of Service	Date of Service	Hours Completed 10 minimum	Supervisor's Name and Signature

*Each member must complete at least 10 hours of community service each semester.

* This form is due to the advisor's room between the first day of Fall semester and **last day of Fall semester**.

*Your **ONE NHS event** is due by the third week in April too!

Spring Semester NHS Community Service Verification

NHS Member Name: _____

Place of Service	Dates of Service	Hours Completed 10 minimum	Supervisor's Name and Signature

*Each member must complete at least 10 hours of community service each semester.

* This form is due to the advisor's room between the first day of Spring semester and **third week of April**.

*Your **ONE NHS event** is due by third week of April too!