YLHS NHS
COMMUNITY SERVICE FORM

Name _____ Grade _____

Number of Service Hours Completed _____

Organization Information:
Name of Organization

_____

Address

_____

City

_____

Contact Person

_____

Phone Number

_____

Project Director's Signature

_____

Date _____

Organization _____

I verify that I have completed the above documented service and followed all guidelines.
Student Signature_____
Date_____

**Community Service Sheets must be turned in within 3 months of activity **Form must be fully completed and submitted online or turned into Mrs. Phillips in the library
This form is for the YLHS National Honor Society and cannot be used for regular school community service