

## NHS service hour activity form

PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION

**Digitally submit this document to Mrs. Alessia at [jalessia@bcsd5.org](mailto:jalessia@bcsd5.org)**  
**Only digital submissions to Mrs. Alessia will be accepted! This should be done as soon as possible after the service hours are completed!**

**Keep this copy for your records.**

Student name: \_\_\_\_\_ Student ID: \_\_\_\_\_

PLEASE PRINT CLEARLY

organization for which service hours were earned: \_\_\_\_\_

PLEASE PRINT CLEARLY AND NO ABBREVIATIONS

date of activity: \_\_\_\_\_ number of hours worked? \_\_\_\_\_

type of activity: \_\_\_\_\_

name of adult supervisor for this activity: \_\_\_\_\_

signature of adult supervisor for this activity: \_\_\_\_\_

date of signature: \_\_\_\_\_

contact information of adult supervisor: \_\_\_\_\_

It is the **student's responsibility** to address any problems that are documented on the spreadsheet of hours that is updated and posted each month on the NHS website.

**General rule:** Organizations for which a student volunteers must be non-profit AND the student may not be financially compensated in any way.

If you have questions, please contact Mrs. Alessia via email at: [jalessia@bcsd5.org](mailto:jalessia@bcsd5.org) or in person, but ONLY before/after school.

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I certify that all of the above information is correct.

student signature: \_\_\_\_\_ date turned-in: \_\_\_\_\_

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DO NOT WRITE IN THIS SPACE

DATE ENTERED: