

NATIONAL HONOR SOCIETY

COMMUNITY SERVICE HOURS

NHS MEMBER NAME \_\_\_\_\_

DATE OF SERVICE \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

DESCRIPTION OF SERVICE \_\_\_\_\_

HOURS WORKED \_\_\_\_\_

SUPERVISING ADULT NAME & SIGNATURE \_\_\_\_\_

DATE OF SERVICE \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

DESCRIPTION OF SERVICE \_\_\_\_\_

HOURS WORKED \_\_\_\_\_

SUPERVISING ADULT NAME & SIGNATURE \_\_\_\_\_

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HOURS WORKED \_\_\_\_\_

SUPERVISING ADULT NAME & SIGNATURE \_\_\_\_\_

**Total Hours on Page:** \_\_\_\_\_