

National Honor Society Service Documentation

Member Name _____

Activity _____

Dates of Service _____

Name of Organization _____

Address _____

Name of Supervisor who will verify service _____

Phone number for contact Supervisor _____

Estimated Hours: _____

Describe duties, objectives,
activities _____

NHS Member Signature _____ Date: _____

Volunteer Supervisor _____ Date: _____

All forms must be turned in to the front office by the first Monday of each month to receive credit.

PLEASE NOTE: The required hours will not be accepted if not from the sources required (see the following requirement: Completing the required monthly amount of community service hours (2 hours) and tutoring hours (2 hours) at the Resource Cafe)

For office use only

Activity: Approved_____ Not Approved_____

Hours Awarded_____

NHS Sponsor Signature_____ Date: _____