



## National Honor Society Service Documentation

Member Name \_\_\_\_\_

This hour is for (check one):

Oct    Nov    Dec    Jan    Feb    Mar    Apr    May

Activity \_\_\_\_\_

\_\_\_\_\_

Date(s) of Service \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Name of Supervisor who will verify service \_\_\_\_\_

Estimated time: \_\_\_\_\_

NHS Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

**For office use only**

Activity: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

