

National Honor Society Service Documentation

Member Name_____

These hours are for the month of (please check the appropriate month):

___Oct ___Nov ___Dec ___Jan ___Feb ___Mar ___Apr ___May

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 a total of four hours/month of required tutoring at the Resource Café or community service

-NOTE: October, December, March and May require 2 hours for tutoring or community service

For office use only

Activity: Approved_____ Not Approved_____

Hours Awarded_____

NHS Sponsor Signature_____ Date: _____