

National Honor Society Service Hours Form

School Hours

Community Hours

Total Time(hrs.& min.) _____

Student's Name _____

Date/Dates of Service _____

Time Worked from _____ to _____

Description of volunteer work with which Organization _____

Supervisor's Name

Signature

Phone Number

I affirm that the student named above performed the listed service and was not rewarded/compensated in any other way other than his/her NHS obligation to earn 5 school hours each semester or 5 community service hours each semester.

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