

# Community Service Form

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Students: Please use this form to record your community service hours.

Please Print Neatly

Name: \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Date of Activity \_\_\_\_\_  
Month Day Year

Volunteered from \_\_\_\_\_ to \_\_\_\_\_  
(Time a.m./p.m.)

Total Hours \_\_\_\_\_ NHS Member \_\_\_\_\_yes \_\_\_\_\_no

Description of Activity \_\_\_\_\_

Agency Rep. or Club Sponsor \_\_\_\_\_

Agency Rep Phone Number \_\_\_\_\_

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