Community Service Form

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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