

National Honor Society Service Hours Form

· one form shall be submitted for each service project ** Each part above the dashed lines **must** be completed in order for the service hours to count
 · form shall be submitted to Mr. Goff (B110) or Mrs. Gray (A112) within 48 hours of completion of service project

Member Name: _____ Service Project Date: _____

Name of Organization: _____ Start Time: _____ End Time: _____

Description of Service: _____

Supervisor Name: _____

Supervisor Email or Phone Number: _____

By signing this form, I certify the information on this form is presented accurately and honestly.

Supervisor Signature: _____ Member Signature: _____

***For NHS Advisor Use Only:** Hours Completed: _____ NHS Sponsored: Yes or No*

National Honor Society Service Hours Form

· one form shall be submitted for each service project ** Each part above the dashed lines **must** be completed in order for the service hours to count
 · form shall be submitted to Mr. Goff (B110) or Mrs. Gray (A112) within 48 hours of completion of service project

Member Name: _____ Service Project Date: _____

Name of Organization: _____ Start Time: _____ End Time: _____

Description of Service: _____

Supervisor Name: _____

Supervisor Email or Phone Number: _____

By signing this form, I certify the information on this form is presented accurately and honestly.

Supervisor Signature: _____ Member Signature: _____

***For NHS Advisor Use Only:** Hours Completed: _____ NHS Sponsored: Yes or No*