Service Hours Record Sheet for the HFCHS Honor Society

Volunteer's Name _____

These are hours for the 1st / 2nd (circle one) semester of the _____--_____ (fill in year) school year . Grade 9th/10th/11th/12th (circle one).

****You must fill out all the requested information for the hours to count.****

Date of Service	Name of **Nonprofit*** Where Worked *501(c)(3) tax status required	Hours Worked	Tasks Performed	Name and Contact (Phone or Email) of Supervisor

Total hours worked for this semester _____ Parent certifies that this information is true _____

(parent signature)

☝☺ FILL OUT OTHER SIDE FIRST ☝☺

Date of Service	Name of **Nonprofit*** Where Worked *501(c)(3) tax status required	Hours Worked	Tasks Performed	Name and Contact (Phone or Email) of Supervisor