GRIFFITH JR/SR HIGH SCHOOL

601 Wiggs Street, Griffith, IN 46319

NHS/NJHS SERVICE HOURS RECORD

The purpose of this letter is to verify that (student's name) _____

served as a volunteer at (location site) _____ on (date)

_____.

During that time, he/she has acquired (number) _____ volunteer hours by performing the following

tasks:_____

_____

_____

I would rate this student's volunteer efforts as:

_____ Excellent

_____ Satisfactory

_____ Poor

If any additional information would be beneficial, please do not hesitate to contact me.

Contact information_____
(email or phone number)

Supervisor's Title _____

Supervisor's Organization _____

Supervisor Signature _____

Date Form completed _____

Note to NHS/NJHS Member: Please **turn in this form within two weeks** of the activity. The completed form must **be given to a sponsor** within 2 weeks of completing the service. Reoccurring weekly service may be compiled and turned in monthly on one form.