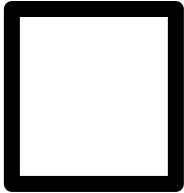




# Service Hour Form

TO BE COMPLETED BY NJHS MEMBER



Write first letter of last name in box

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Hours served for this date \_\_\_\_\_

Type of Service \_\_\_\_\_

Organization/community/people served \_\_\_\_\_

## TO BE COMPLETED BY SUPERVISING/VERIFYING ADULT

Please circle one of the following.

parent          organizer          leader          volunteer          chaperone          other

Verification Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

## TO BE COMPLETED BY NJHS ADVISER

Adviser Signature \_\_\_\_\_

## TO BE COMPLETED BY NJHS OFFICERS

Once these hours have been logged, please put a ✓ in the box and date.



Date \_\_\_\_\_