

*** ALL INFORMATION TO BE FILLED OUT BY SUPERVISING ADULT**

NHS Member Name: _____

Name of Organization: _____

Address of Organization: _____

Contact Number of Organization: _____

Supervising Adult of Organization (Print Name): _____



Description of service(s) performed	Number of Hours	Date	Supervising Adult Initials

Total Hours: _____

Supervising Adult (Signature): _____

Date Signed: _____