Bellefontaine Middle School
National Junior Honor Society
1201 Ludlow Rd. Bellefontaine, OH 43311
937-593-9010
Stephanie Fissel

# Service Hours Form

**INDICATE THE GRADE LEVEL YOU COMPLETED THE ACTIVITY (check only one):**
**Sixth Gr. _____ Seventh Gr. _____ Eighth Gr. _____ YEAR OF GRADUATION _____**

**NAME:** _____

Complete a minimum of 15 hours of service while you are in middle school. You must have at least three DIFFERENT activities per year.

PLEASE FILL OUT COMPLETELY THE FOLLOWING INFORMATION, GIVING DETAILS TO SUPPORT YOUR ACTIVITY.
**(Please do NOT use pencil)**

**ACTIVITY**:_____

Date(s) Completed: _____

**Total** Hours participated _____

Description of activity (give details):

Contact person's SIGNATURE:_____

Contact person's name: _____

Address:_____

Phone number(s):_____

Email:_____

**Please return this completed form to Mrs. Fissel**