National Honor Society Service Hours Form

Volunteer service for which no compensation was received,

Member Name: _____ Grade: _____

Date(s) of Service: _____ Hours of Service: _____

Name of organization: _____

Primary role/job: _____

_____

Name of Supervisor: _____ Contact Phone #: _____

By signing, I certify that the information on this form is presented accurately and honestly.

_____

Signature of Supervisor