

NAME OF NHS MEMBER _____

NATIONAL HONOR SOCIETY
SERVICE HOURS

Place of Service _____

Date of Service _____ Number of Hours _____

Adult in Charge (print) _____ (signature) _____

Phone Number of Adult in Charge _____

* * * * *

Place of Service _____

Date of Service _____ Number of Hours _____

Adult in Charge (print) _____ (signature) _____

Phone Number of Adult in Charge _____

* * * * *

Place of Service _____

Date of Service _____ Number of Hours _____

Adult in Charge (print) _____ (signature) _____

Phone Number of Adult in Charge _____

* * * * *

TOTAL HOURS (10 hours minimum required) _____

Member Signature _____ Date _____