

Activity # _____

NHS Member's Name _____ Grade Level _____ Class of _____

Date of Activity _____ Date of Form Submission _____

Activity/Organization _____

Is the Activity on the *Approved List*? Yes _____ No _____

If not, have NHS advisor sign below **BEFORE** activity

Time of Participation _____ Hours _____

Description of Duties:

Signature of Supervising Adult _____

Print Adult Name _____ Contact # of Adult _____

For Advisor's use only: _____ accepted _____ rejected/ _____

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