

Six Weeks: _____

NHS Hour Form (Complete ALL Information)

Name: _____ Grade: _____

Date of Activity: _____ Date of Form Submission: _____

Activity/Organization: _____

Is the activity on the Approved Service Hours List? Yes _____ No _____

If not, have the NHS advisor sign below BEFORE the activity:

Description of Duties: _____

Time of Participation: _____ Number of Hours: _____

Signature of Supervising Adult: _____

Contact Info of Supervisor (Email or Phone #): _____

Six Weeks: _____

NHS Hour Form (Complete ALL Information)

Name: _____ Grade: _____

Date of Activity: _____ Date of Form Submission: _____

Activity/Organization: _____

Is the activity on the Approved Service Hours List? Yes _____ No _____

If not, have the NHS advisor sign below BEFORE the activity:

Description of Duties: _____

Time of Participation: _____ Number of Hours: _____

Signature of Supervising Adult: _____

Contact Info of Supervisor (Email or Phone #): _____