

NHS MEMBER'S NAME: _____ GRADE LEVEL: _____

DATE OF ACTIVITY: _____ DATE OF FORM SUBMISSION: _____

1. Is this activity on the list of approved service hour opportunities? (SEE THE REVERSE SIDE OF THIS HANDOUT!)

YES: _____

NO: _____

2. If you answered "no" to question 1, then you must receive approval for the activity from an advisor BEFORE you complete the activity or the hours will not be accepted.

Advisor's signature: _____

3. Activity: _____

4. Time of participation: _____ / Number of hours: _____

5. Description of duties:

6. Signature of supervising adult:

- Only use this form to document one activity.
- Please fill out all parts of the form, and give a detailed explanation of what duties/tasks you performed.
- No emails or attachments will be accepted in lieu of this correctly completed form!

For advisor's use only:

_____ accepted

_____ rejected/_____