



## National Honor Society Service Hours Form

Volunteer service for which no compensation was received.

Member Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Hours of Service: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Primary Role: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Supervisor Contact Phone #

By signing, I certify that the above information is presented accurately and honestly.

\_\_\_\_\_  
Signature of Supervisor



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