National Honor Society Service Hours Form

Volunteer service for which no compensation was received.

Member Name:

_____

Grade: ____

Hours of Service: _____ Date(s) of Service:_____

Name of organization: _____

Primary Role:

_____

_____

_____

_____ _____

Name of Supervisor Supervisor's Contact Number

By signing this form, I certify that the information on this form is presented accurately and honestly.

_____

Supervisor's Signature