



NHS Service Hours Record



Date(s) of Service	Hours	Type (In-School/Out of School)	Organization and Description of Service	Supervisor Name and Signature	Supervisor Contact Information (Email preferred)

Student Name: _____

Total Hours: _____

Student Signature: _____

Date _____

Parent Signature: _____

Date _____

Reminder: You must turn in 5 hours by December 6th, and the rest of the 10 in-school and 10 out of school hours must be turned in by April 17th.