

National Honor Society Service Hours

Name: _____

Project Information:

Organization or Activity: _____

Contact Person: _____

Contact's Phone Number: _____

Date(s) of Service: _____

Description of Service: _____

Signature of Contact Person: _____

School Service Hours _____ Community Service Hours _____

*School service hours cannot be completed during the normal school day.

Date Submitted _____

NHS Advisor: _____

Approved

Not Approved