**Plano West National Honor Society**

**Record of Volunteering**

**Attention Sponsors**: You are not obligated to sign for unacceptable work/effort/participation. Ensure that the description of service is accurate. Each date of service will need to be signed as your verification that service was completed.

**Attention Students: ALL INFORMATION is required in order to be counted.** Please make sure the date and signature are included.

\*Only organizations on the NHS website are recognized \*Up to 5 hours from PTSA sponsored events

\*Up to 10 hours for one organization \*Up to 8 hours within one day

\*Secular participation only from approved organizations and events

\*No “double dipping,” fundraising, or selling/donating items. See website for details

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_ Grade: 11 12 Semester: Fall Spring**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date**  **of Service** | **Name of Event or**  **Organization** | **Description**  **of Service** | **Number of hours completed** | **Event Sponsor’s**  **Name Printed** | **Event Sponsor’s**  **Signature** | **Event Sponsor’s**  **email address** |
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