

| | Name: | Date(s): |
|---------------------------|-------------------|---------------------------|
| | | |
| Grade: | Junior | Senior |
| Summer Hours: | Yes | No |
| Type of Hours: | Individual | Chapter |
| Number of Hours \ | /olunteered: | (use hours or half hours) |
| Brief description of | service hours: | |
| I verify all the abov | e to be correct: | |
| Signature of Supervisor | | Signature of Student |
| Turn this form into | NHS Secretary | - Eva Canfield |
| NATIONAL HONOR SOCIETY | Name: | Date(s): |
| Grade: | Junior | Senior |
| Summer Hours: | Yes | No |
| Type of Hours: | Individual | Chapter |
| Number of Hours \ | /olunteered: | (use hours or half hours) |
| Brief description of | service hours: | |
| I verify all the abov | re to be correct: | |
| Signature of Super | visor | Signature of Student |

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