



The National Honor Society at Clear Springs High School Service Hours Documentation Form

"All members are required to perform **TEN hours** of community service **per semester** by the posted deadlines. All community service hours must be verified on the official NHS service form with a supervisor's signature. Hours requirements: a minimum of 4 hours must come from NHS-sponsored events."

Fall Semester (June - December)
Deadline: Thursday, December 17, 2014

Spring Semester (January - May)
Deadline: Thursday, May 21, 2015

Today's Date: _____

Student's name (printed): _____

Current grade level: _____ Semester (circle one): FALL 2014 SPRING 2015

Even type (circle one): NHS-sponsored Non-NHS (Organization: _____)

Date(s) of service: _____

Time(s) of service: _____ Total hours served: _____

Brief description of service performed: _____

Name of adult supervisor (printed) _____

Supervisor: Your signature verifies that this NHS member or candidate has completed these hours of service on behalf of others (not including immediate family members) for which no compensation (money or otherwise) has been given.

Supervisor's signature _____

Supervisor's phone number _____ email _____

Please return this completed document to the NHS Adviser (Mrs. Johnson - Room 1225)

(To be completed by NHS adviser)

Date service form received: _____ NHS-sponsored? Yes No

Hours confirmed? Yes No Notes:

Hours approved? Yes No

Hours recorded by: _____ Date: _____