

NHS Volunteer/ Service Hours Form

Name of NHS Member: _____

ID Number: _____ Grade: _____

Organization: _____

Activity and Description: _____

Name of Activity Supervisor: _____

Phone #: _____

Email: _____

Signature: _____

Date	Time In	Time Out	Total Hours

I certify that all the above information is correct.

Student Signature: _____

Today's Date: _____

NHS Advisor's Initials: _____