

**NHS Community Service Form – Individual Hours**

Student Name: Date:

Student Email Address:

Date of Community Service:

Time of Community Service: to Total # of hours:

Location of Community Service:

Community Service Activity/Work Performed:

Supervisor of Community Service Performed:

Name: Title:

Email Address:

Phone Number: Alternate Number:

Signature of Supervisor:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*To be filled out by NHS Advisor\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Date Submitted: Date Verified/Approved:

Date Entered Into Student Community Service Hour Log:

Signature of Advisor: