

Tourtellotte Memorial High School
National Honor Society
Community Service Hours

Name:

Today's Date: _____ Class Of: _____

Activity (To be completed by the student)

Organization's Name:

Address:

(street)

(city/town)

state

zip code

Supervisor's Name:

Phone or Email Contact:

Description of service:

Date(s) of participation: _____ Number of hours: _____

Student Signature:

To be completed by the Supervisor:

I attest that the above student served a total of (round to the nearest hour)

_____ hours of service in the service position indicated.

Supervisor's Signature:

Do not write below this line.

Hours accepted: _____ Date accepted: _____ Cumulative hours: _____