

## NHS Service Hours Form

Member Name(print) \_\_\_\_\_

Event Name and Date \_\_\_\_\_

NJHS Sponsored Event (circle one)      YES                      NO

Brief description of the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time spent at event (give time period, not total hours) \_\_\_\_\_

(Non NJHS Event) Signature of Adult Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Phone #: \_\_\_\_\_

(NJHS event) Signature of NHS Advisor/Officer: \_\_\_\_\_ Date: \_\_\_\_\_

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Supervisor Phone #: \_\_\_\_\_

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