



National Honor Society Service Hours Form
 Volunteer service for which no compensation was received.

Member Name: _____ Grade: _____

Hours of Service: _____ Date(s) of Service: _____

Name of organization: _____

Primary role: _____

 Name of Supervisor

 Supervisor Contact Phone #

By signing, I certify that the information on this form is presented accurately and honestly.

 Signature of Supervisor



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