

NHS Community Service Form



PRINT NAME

GRADUATION YEAR

EMAIL

All NHS members must complete a minimum of **8** community service hours by the end of March of their senior year to remain members in good standing. They may choose to get all of their hours completed within one day or over the course of their time in NHS.

Only recognized, established institutions and organizations are approved as sites for community service (i.e. non-profit organizations, schools, libraries, hospitals, nursing homes, churches, social service agency, environmental stewardship, community service groups, etc.) Service for which you are paid or rewarded will **NOT** count toward your hours. Ask Ms. Kelley or Mr. Lucas ahead of time if you are unsure if your hours will be approved.

Date of Service	Hours of Service	Organization & Service Performed	Name, Title, and Signature of Service Supervisor	Supervisor Phone #
TOTAL # HOURS				

Alternatively, the above information may be scanned and/or emailed from your service supervisor to nhsdbhs@gmail.com to verify your hours.

I hereby promise I completed the above mentioned community service hours only for the NHS requirement without any pay or reward.

Member Signature _____ Date Form Returned _____