



Service Record Form

Please clearly print ALL requested information and complete ALL blanks to ensure credit for your hours. Service forms that are neither legible nor complete will NOT be considered for service hours. You are responsible for making your personal copy of this record prior to turning it in to the NHS Advisors. All forms for your service hours during each Marking Period should be handed in together.

Student Name: _____ Grade: _____

Date(s) of Service: _____ Time Service Began: _____ Ended: _____ Total Hours: _____

Please check the appropriate category:

Community

School

Other

Non-Profit Organization for which the service was performed:

Name: _____ Location: _____

Detailed description of the service performed (include all duties, who benefited from the service, and whether or not you are a member of the organization): _____

I acknowledge that I have completed the service project described above.

Student's Signature: _____ Date: _____

I acknowledge that the student named above has completed the service project described under my direction.

Signature of Adult Non-Guardian Supervisor: _____

Printed Name of Adult Non-Guardian Supervisor: _____

Position within organization: _____ Phone/E-mail: _____