

NHS SERVICE HOURS FORM

Member Name _____

Event Name and Date _____

NHS Event (circle one) YES NO

Brief Description of the event:

Total hours spent at event (give time period, as well) _____

Signature of ADULT Supervisor

_____ Date: _____

Supervisor Phone #: _____

NHS SERVICE HOURS FORM

Member Name _____

Event Name and Date _____

NHS Event (circle one) YES NO

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_____ Date: _____

Supervisor Phone #: _____