** NHS Volunteer Service Hour Form**

**Member Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: Fall Spring Grade: Senior Junior

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| Volunteer Service: |
| Description of Activity: |
| Name of Supervisor: | Contact Phone or E-mail: | Signature of Supervisor: |
| Date of Activity: | Total Hours: |



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