** NHS Volunteer Service Hour Form**

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

Semester: Fall Spring Grade: Senior Junior

|  |  |  |  |
| --- | --- | --- | --- |
| 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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