NHS Community Service Hours

►►**Important!!!! Fill in top portion and obtain NHS sponsor's signature and**

►►**initials prior to beginning your project**:

Member's Name: ____

General Description of Project: _____________________________________

Parent Signature: ____

NHS Sponsor's Signature_________________________ Date _______________
(Ayscue, McDonald or Miller)

Name of Supervising Adult: _________________________ Phone # ______________
Cannot be your parent

(Sponsor initials below and turns in top part to Ms. McDonald; member keeps bottom portion to turn in upon completion.)

- -

Member's Name: ____

Hours completed before obtaining a NHS Sponsor's signature will not count!!

Complete and turn in by Jan. 8, 2015

Date	Description of Specific Activity	Hours
_______	______________________________________	______
_______	______________________________________	______
_______	______________________________________	______
_______	______________________________________	______

Total Hours: ______

Signature of Adult Supervising Service Hours: ____________________________
Cannot be your parent
Phone number: ____

NHS Sponsor's Initials: ____________ Date: ___________________________
(Ayscue, McDonald or Miller)