

NHS Hours Form

Name _____ (please print)

Dates of Service	Explanation of Activity	# of Hours

Supervisor Name: _____ (cannot be your parent)

Email Address: _____

Supervisor Signature: _____

Dates of Service	Explanation of Activity	# of Hours

Supervisor Name: _____ (cannot be your parent)

Email Address: _____

Supervisor Signature: _____

Dates of Service	Explanation of Activity	# of Hours

Supervisor Name: _____ (cannot be your parent)

Email Address: _____

Supervisor Signature: _____

I certify that I completed these hours, that I have not received any monetary compensation, and that I did not complete them as any part of a required obligation to another organization.

Student Signature _____

Date _____

Parent Signature _____