



Mansfield High School Chapter of the National Honor Society

## Volunteer Documentation Forms

To graduate as a member of NHS, you are required to continue your service and leadership by performing a minimum of 20 service hours between your induction and April 15<sup>th</sup> of your graduation year.

Ten of those hours must be on NHS sponsored service projects. You may only count 5 hours per activity. The remaining ten hours should be in continuation of larger community projects or volunteerism within organizations you belong to outside of school.

As a member of NHS, it is your responsibility to track and document your service hours. You will be required to submit these forms as evidence of your 20 hours. Immediately following the conclusion of an event, project, or service, please obtain the required name(s), phone number or email address, and signature(s) (and/or attach any certificates that document your service) of the supervising adult. Only fully completed sections will be counted.

Please print as many sheets as necessary, but be sure to log hours accurately. All NHS sponsored hours are to be logged on the NHS sponsored sheet and all other service hours are to be marked on that sheet.

Lastly, be prepared to bring your volunteer hour sheets to **each** monthly meeting for check-in. All sheets including this cover page should be turned in to either Mrs. Stanley or Mrs. Porter **NO LATER than APRIL 15<sup>th</sup>!**

Student Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Final NHS sponsored hours total: \_\_\_\_\_

Final other hours total: \_\_\_\_\_

Total Community Service Hours \_\_\_\_\_

# NATIONAL HONOR SOCIETY SPONSORED HOURS

Name of organization & Activity \_\_\_\_\_  Check if NHS sponsored # Hours \_\_\_\_\_

Date (s) served \_\_\_\_\_

Describe activity. What service did you do to help the community?

\_\_\_\_\_

\_\_\_\_\_

Name of Supervising adult \_\_\_\_\_ Phone # or email \_\_\_\_\_

Signature of Supervising adult: \_\_\_\_\_

Name of organization & Activity \_\_\_\_\_  Check if NHS sponsored # Hours \_\_\_\_\_

Date (s) served \_\_\_\_\_

Describe activity. What service did you do to help the community?

\_\_\_\_\_

\_\_\_\_\_

Name of Supervising adult \_\_\_\_\_ Phone # or email \_\_\_\_\_

Signature of Supervising adult: \_\_\_\_\_

Name of organization & Activity \_\_\_\_\_  Check if NHS sponsored # Hours \_\_\_\_\_

Date (s) served \_\_\_\_\_

Describe activity. What service did you do to help the community?

\_\_\_\_\_

\_\_\_\_\_

Name of Supervising adult \_\_\_\_\_ Phone # or email \_\_\_\_\_

Signature of Supervising adult: \_\_\_\_\_

# ALL OTHER COMMUNITY SERVICE HOURS

Name of organization & Activity \_\_\_\_\_  Check if NHS sponsored # Hours \_\_\_\_\_

Date (s) served \_\_\_\_\_

Describe activity. What service did you do to help the community?

\_\_\_\_\_

\_\_\_\_\_

Name of Supervising adult \_\_\_\_\_ Phone # or email \_\_\_\_\_

Signature of Supervising adult: \_\_\_\_\_

Name of organization & Activity \_\_\_\_\_  Check if NHS sponsored # Hours \_\_\_\_\_

Date (s) served \_\_\_\_\_

Describe activity. What service did you do to help the community?

\_\_\_\_\_

\_\_\_\_\_

Name of Supervising adult \_\_\_\_\_ Phone # or email \_\_\_\_\_

Signature of Supervising adult: \_\_\_\_\_

Name of organization & Activity \_\_\_\_\_  Check if NHS sponsored # Hours \_\_\_\_\_

Date (s) served \_\_\_\_\_

Describe activity. What service did you do to help the community?

\_\_\_\_\_

\_\_\_\_\_

Name of Supervising adult \_\_\_\_\_ Phone # or email \_\_\_\_\_

Signature of Supervising adult: \_\_\_\_\_