

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 by performing a minimum of <u>20 service hours</u> between your induction and April 1st of your graduation year.

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 **NO LATER than APRIL 1st!**

Student Name	Year of Graduation	
Final NHS sponsored hours total:	Final other hours total:	
Total Community Service Hours		

NATIONAL HONOR SOCIETY HOURS

Name of organization & Activity	□ Check if NHS sponsored # Hours		
Date (s) served			
Describe activity. What service did you do to help the communit	γ?		
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:			

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:		