2009-2010 CSH National Honor Society

COMMUNITY SERVICE HOURS FORM

NHS hours must be recorded using this form, and turned in to Mr. Johnston in CSH Room 121, or to the Guidance Office NHS Drop Box. Hours recorded by the community service board for graduation purposes cannot be processed.

Student Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ SENIOR OR JUNIOR

(CIRCLE ONE OF THE ABOVE)

I affirm that the following documented community service hours were completed in addition to hours required of student's graduate degree plan, membership in other clubs/extracurricular/co-curricular activities, and *expressly* in the name of the Carroll Senior High National Honor Society.

_____

Student Signature Date

_____

Parent/Guardian Signature Date

Parent/guardian must sign regardless of member's age in order to completely validate these hours.

Student and/or Sponsor Fills in Columns A, B & C; Sponsor Fills out Columns D & E; All Hours Subject to Approval.

(A) Date Task Completed	*(B) Name of Organization*	*(C) Activity or Capacity*	*(D) Sponsor Signature*	*(E) Hours Completed*