You will upload a picture or scan of this sheet when you are submitting your NHS hours EACH semester

National Honor Society – Skyline High School – Record of Community Service

Name:			Ema	ail:	Grad Year:		
Phone:			Cur	rent School Year:			
Date range of service	# of Hours served	Name of Organization	Location service was performed	Brief description of service that was provided	Supervisor's Name	Supervisor's Contact Info	Supervisor's initials or signature
		Total Hours					

The information in this form is accurate and reflects community service completed by the person signed below

Student Signature

Date range of service	# of Hours served	Name of Organization	Location service was performed	Brief description of service that was provided	Supervisor's Name	Supervisor's Contact Info	Supervisor's initials or signature