NATIONAL JUNIOR HONOR SOCIETY

BRISCOE JR. HIGH SCHOOL SERVICE HOURS RECORD

COMMUNITY / SCHOOL SERVICE HOURS (CIRCLE ONE)

Please clearly print all requested information. All information must be provided to ensure credit for the hours.

| Member name: | |
|--|---|
| Specific date and time of service: | |
| Total hours of service for this project: | |
| Service completed for (Name of organization | or individual): |
| Detailed description of service project (Includ | |
| | |
| | |
| I acknowledge that I have completed the serv | |
| Member Signature | |
| I acknowledge that the NJHS member named described above under my direction. | d above has completed the service project |
| Signature of Adult Project Supervisor | Printed Name of Adult Supervisor |
| Phone Number of Adult Supervisor: | |
| To be completed by advisor and Vice President : | |
| Approved by advisor: | Entered by VP: |