

NHS Service Hours Form

Member Name(print) _____

Event Name and Date _____

NHS Sponsored Event (circle one) YES NO

Brief description of the event: _____

Time spent at event (give time period, not total hours) _____

(Non NHS Event) Signature of Adult Supervisor:

Date: _____
Supervisor Phone #: _____

(NHS event) Signature of NHS Advisor/Officer:

Date: _____

NHS Service Hours Form

Member Name(print) _____

Event Name and Date _____

NHS Sponsored Event (circle one) YES NO

Brief description of the event: _____

Time spent at event (give time period, not total hours) _____

(Non NHS Event) Signature of Adult Supervisor:

Date: _____
Supervisor Phone #: _____

(NHS Event) Signature of NHS Advisor/Officer:

Date: _____