

3rd QUARTER SERVICE HOUR FORM

Member	Grade
MICHINCI	Graue

Date	Length of Service	Service Description (Print neatly)	Location or Address of Organization/Service	Printed Name of Sponsor	Sponsor Phone Number	Sponsor Signature

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Total Hours	
I verify that all service hours recorded above are accurate and legiting	nate according to our chapter rules.
	Date
Student Signature	

Turn Form OVER & Complete Service Reflection |

DUE: Thursday, March 3, 2020 by 2:45PM

Submit to the "NHS Service Hours Box" in the Main Office. Make a copy of this completed form for your records.

Volunteer Service Event-

Service Date_____

Quarter _____

1. Describe the service event. List NHS members present.

2. Explain your involvement in the planning or your contribution to this service event.

3. What is the impact of this service event on the community? What impact did this service have on you personally? What have you learned from participating in this event?

4. Would you recommend this event to other NHS members? Why or why not?

5. Were any significant problems or concerns at this event that the advisors should be aware or? _____ No _____Yes, state below