



**SUMMER SERVICE HOUR FORM**

Member \_\_\_\_\_ Grade \_\_\_\_\_

**School & Community Service-** 10 hours required each Quarter, additional hours will count towards Above & Beyond. Be diverse with your service hour choices.

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

**CHS Registration, Adopt-A-Street** (1 per semester during school year)

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

Total Hours \_\_\_\_\_



Turn Form OVER & Complete Service Reflection



I verify that all service hours recorded above are accurate and legitimate according to our chapter rules.

\_\_\_\_\_  
Student Signature Date \_\_\_\_\_

**DUE: Thursday, September 10, 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.

