

## National Honor Society Service Hours Form

Member Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Hours of Service: \_\_\_\_\_ Type of Service: (*Circle one*) Pocono Mountain East HS OR Community  
Date(s) of Service: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Primary Role: \_\_\_\_\_ Briefly describe the service you provided: \_\_\_\_\_  
Explain why you chose to volunteer for this opportunity: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor Contact Phone #: \_\_\_\_\_ Supervisor Contact Email: \_\_\_\_\_

**\*By signing, I certify that the information on this form is presented accurately and honestly.**

\_\_\_\_\_  
Signature of Volunteer Date Signature of Supervisor Date

*Volunteer service for which no compensation was received. These service hours may NOT be connected to another PMEHS organization, such as Leo Club, SADD, Avedium, etc. Turn in this form with your NHS application for your hours of service.*

**20 hours for sophomores/ 30 for juniors/ 40 for seniors**



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