



National Honor Society

A.A.H.S. Chapter -Community/School Service Record Form-

NHS Member Name: _____

NHS Member email: _____

Name of Organization(s): _____

Description of Service(s): _____

Number of Hours Accumulated: _____ Month(s) of Service: _____

Supervisor Phone Number: _____/_____/_____

Supervisor Email _____

Supervisor Title (Signature) _____