

## COMMUNITY SERVICE HOURS

Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ *(Please write clearly)*

Date	What Type of Work Did You Do?	# Hours Worked	Organization Where You Volunteered	Name, Signature & Phone Number of Adult Who Supervised Your Volunteer Service at That Organization	
				Printed Name AND Signature	Phone Number

TOTAL HOURS \_\_\_\_\_

**Print out this form and use it to record your volunteer service hours. You'll need to obtain a signature every time you volunteer. Make a copy of this form for your records and turn in the original signed version to the NJHS sponsor (Mrs. Burnside or Mr. Reinking).**