NHS Service Project Hours Verification

Member's Name: _____

Project Title:_____

Contact Info of Person in Charge:_____

Hours can only be counted for 1 Organization. Please do not sign off the same hours for numerous clubs that the student is participating in.

Date	Time Spent	Total Time	Facility	Verification Signature

Total Hours:_____

Student Signature: _____

Parent Signature: _____

Advisor Signature: _____

****Service hours are due on the final meeting of the semester with your Presentation.*