

NHS SERVICE HOURS FORM

Member Name (print) _____

Event Name and Date _____

NHS Sponsored Event (circle one) YES NO

Brief description of the event: _____

Time spent at event (give time period, not total hours) _____

(Non NHS Event) Signature of Adult Supervisor:

_____ Date: _____

Supervisor Phone# _____

(NHS Event) Signature of NHS Advisor/Officer:

_____ Date: _____