

**NHS COMMUNITY SERVICE FORM**

**SENIORS**

**\*Please Print legibly**

Member Name: \_\_\_\_\_ I.D.# \_\_\_\_\_ # of hours \_\_\_\_\_

Member home phone#: \_\_\_\_\_

Service performed (description): \_\_\_\_\_ Date: \_\_\_\_\_

Adult/Supervisor Name (print): \_\_\_\_\_

Supervisor contact (phone or email): \_\_\_\_\_

Adult/Supervisor Signature: \_\_\_\_\_

**RETURN THIS FORM NO LATER THAN APRIL 12, 2019**

**\*\*\*STUDENTS AND PARENTS MAY NOT SIGN OFF AS SUPERVISORS UNLESS  
APPROVED BY MRS. DUKE PRIOR**