

NICOLET HIGH SCHOOL NHS SERVICE HOURS STUDENT RECORD



Please print clearly ALL requested information and complete ALL blanks to ensure credit for your hours. Service forms that are not complete or not legible will NOT be considered for service and will NOT be returned to the student. You are responsible for making your personal copy of this record prior to turning it in to the NHS secretary.

Student Name: _____ **I.D.:** _____ **Grade:** _____

Date of service: _____

Hr/Time Service Began: _____ **Ended** _____ **Total Hrs.** _____
Please check the appropriate category:

Community

School

Other

Please note: If service is performed over multiple dates/times, the Extended Service Log (found on the back of this form) must be completed and turned in with this form.

Non-Profit Organization for which the service was performed:

Name: _____ Location: _____

Detailed description of the service performed (*include all duties, who benefited from the service, and whether or not you are a member of the organization. Attach extra sheet if necessary*): _____

I acknowledge that I have completed the service project described above.

Student's signature: _____ Date: _____

I acknowledge that the student named above has completed the service project described under my direction.

Signature of Adult Non-Guardian Supervisor: _____

Printed Name of Adult Non Guardian Supervisor: _____

Position within organization: _____ Phone/E-mail: _____

*Adult Supervisor information may be provided on attached document /service certificate rather than on this document.



NICOLET HIGH SCHOOL

Service Hours Record

Log Record of Service Completed Over Multiple Days

This form must be completed in detail and attached to the Service Hours Record Form for any service completed over multiple days for the same non-profit organization. No more than two weeks worth of hours can be documented on this log and attached to a Service Hours Record Form.

Student: _____ **ID:** _____

Date Service Began: _____ **Date Service Ended:** _____

Total Hours Logged: _____

Organization: _____ **Location:** _____

| Date | Time In | Time Out | Total | Description | Verified |
|--------------------|---------|----------|-------|-------------|----------|
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| | | | | | |
| | | | | | |
| TOTAL HOURS | | | | | |

*Adult Supervisor information may be provided on attached document /service certificate rather than on this document.