



ALL HOURS MUST BE SUBMITTED DIRECTLY TO EACH CLUB SPONSOR BY FRIDAY 5/1/20

Student Name _____

Grade Level _____

**2019-2020 Community Service Hours Form
BETA, National Honor Society, National Business Honor Society & Spanish Honor Society**

Detailed description of service performed & non-profit organization	Date service was performed	Hours/Minutes service was performed	Supervisor's Printed Name, Signature, Phone #, & Email	To which club & how many hours should your service be allocated?
			Name _____ Signature _____ Phone # _____ Email _____	*Make a copy if more than one checked <input type="checkbox"/> BETA _____ <input type="checkbox"/> NHS _____ <input type="checkbox"/> NBHS _____ <input type="checkbox"/> SHS _____
			Name _____ Signature _____ Phone # _____ Email _____	*Make a copy if more than one checked <input type="checkbox"/> BETA _____ <input type="checkbox"/> NHS _____ <input type="checkbox"/> NBHS _____ <input type="checkbox"/> SHS _____
			Name _____ Signature _____ Phone # _____ Email _____	*Make a copy if more than one checked <input type="checkbox"/> BETA _____ <input type="checkbox"/> NHS _____ <input type="checkbox"/> NBHS _____ <input type="checkbox"/> SHS _____

Office Use Only	
_____	_____
Date Entered	Entered By