



**NATIONAL HONOR SOCIETY**  
**WESTBURY CHRISTIAN SCHOOL**  
**SERVICE HOURS RECORD**

**Community / School Service**  
**Hours/NHS Project**  
**(Circle one)**

<b>To be completed by adviser and VP:</b>	
Approved by adviser: _____	
Initials	Date
Entered by VP: _____	
Initials	Date

**Please clearly print all requested information. All information must be provided to ensure credit for the hours.**

Member name: \_\_\_\_\_

Specific date and time of service: \_\_\_\_\_

Total hours of service for this project: \_\_\_\_\_

Service completed for (Name of organization or individual): \_\_\_\_\_

Detailed description of service project (Include duties performed and who benefited from the service):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Member Signature

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

\_\_\_\_\_  
Signature of Adult Project Supervisor

\_\_\_\_\_  
Printed Name of Adult Supervisor

Phone Number of Adult Supervisor: \_\_\_\_\_