

Name:

NHS Service Hour Log
Out of School Service Hours

| Type of Service done/ Date of Service | Organization | Total Hours | Organization Contact (Name and Email) |
|--|--------------|-------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <i>Total Number of Out of School Service Hours Completed:</i> | | | |

All Hours must be completed by December 1 and submitted with your application.

Name:

Community Service Hours

| Agency/ Organization | Description of Service | Total Hours | Agency Organization/Validation Include name and phone or email for contact person |
|--|---------------------------|----------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| <i>Total Number of Out-of-School Service Hours Completed:</i> | | | |

**All Hours must be completed by November 15 and submitted with your
application by December 1.**