



NATIONAL TECHNICAL HONOR SOCIETY
COMMUNITY SERVICE HOURS
DOCUMENTATION FORM

Name _____

Program _____ Session _____

EVENT/ACTIVITY DETAILS (to be completed by the student)

<p>Service Activity:</p> <p>Date(s): <i>If reoccurring event, please list all dates</i></p> <p>Total Hours:</p> <p>Summary of Activity/Service:</p>

EVENT/ACTIVITY COORDINATOR VERIFICATION

<p>Name:</p> <p>Signature:</p> <p>Date:</p>

I certify that the information on this community service record is honest and accurate. I understand that service provided for a family member is NOT applicable and that a family member may NOT sign as the activity coordinator.

Student Signature: _____ **Date:** _____