

NATIONAL HONOR SERVICE ACTIVITY LOG

Total Hours
on this
Sheet:

STUDENT NAME _____ GRADE _____

ELIGIBILITY REQUIREMENTS: Thirty-six hours each school year

NAME OF AGENCY _____ NAME OF EVENT/ACTIVITY _____

DESCRIPTION OF ACTIVITY _____

LOCATION _____ DATE _____ HOURS _____

NAME OF SUPERVISOR _____ SIGNATURE OF SUPERVISOR _____ CONTACT NUMBER _____

NAME OF AGENCY _____ NAME OF EVENT/ACTIVITY _____

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