



# Confirmation of Service Hours

\_\_\_\_\_ *Date of service*

\_\_\_\_\_ volunteered \_\_\_\_\_  
*Name of BHS student* *hours/minutes (round to nearest 1/2 hr.)*

at \_\_\_\_\_  
*location or place*

in service of \_\_\_\_\_  
*type or description of service*

under the supervision/direction of \_\_\_\_\_  
*name and title or position of manager/supervisor*

\_\_\_\_\_  
*Signature of manager/supervisor*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*NHS Student Signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*NHS Adviser Signature*

\_\_\_\_\_  
*recorded*