

## Confirmation of Service Hours

		Date of service
2	volunteere	d
Name of BHS student		hours/minutes (round to nearest 1/2 hr.)
at		
location or pi	ace	
in service of		
type or descri	ption of service	
under the supervision/direction of	×	-
	name and title or position	of manager/supervisor
Signature of manager/supervisor	date	
NHS Student Signature	date	·