## NATIONAL HONOR SOCIETY SERVICE FORM SPONSORED SERVICE EVENT

Please complete only in pen. This must be returned to Ms. Barrington's room (T-12) <u>within TWO WEEKS</u> of completion or your volunteer hours **will not be counted** All sponsored event forms must be signed by a board member or by Ms. Barrington before turning in. Bring a form to the event to ensure a signature.

Name of Member: \_\_\_\_\_

Title of Event/ Organization: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Circle: Junior Senior

**Description of Volunteer Service Rendered** (Please explain in detail and use all of the space provided. Discuss the organization, your service, etc. Please be thorough. If you do not have enough to say about your performance, it is probably not worth service hours.)

Name of NHS Board Member (please print):
Signature of NHS Board Member in Attendance at Event:
Phone #/Email of Member (in case we need to contact you):
Number of Hours: Note: One event may not count for more than 8 hours toward your total.