

2026-2027 LCHS NHS Service Hours Documentation

Student Name _____

Organization	Description of Volunteer Work	Date(s) Work Completed	Hours Completed	Supervising Adult Name and Contact Info	Supervising Adult Signature
1.					
2.					
3.					
4.					
5.					
Total Hours					

I certify the information presented above is a complete and accurate record of my summer service activities.

Student Signature: _____ Date: _____

Thank you for using your talents to provide service to others. NHS defines Service as “Work done with or on behalf of others without any direct financial or material compensation.” Good luck filling this form to the brim! Notes regarding the use of this form: ■ Be sure to obtain the signature of the adult supervising your activity at the conclusion of your service. The phone number or email address will assist the chapter adviser if confirmation of your service is needed. ■ Keep a copy for your records. ■ If the space in the form for the description of your work is not sufficient, attach additional information to this form and reference the name/title of your activity on the form itself with an annotation to “See attached” to ensure that the full description is reviewed. ■ Many chapters provide direction to candidates and members as to the types of service activities that can be included for earning chapter service hours. Please consult with the chapter adviser regarding local guidelines. ■ Prospective members: If this form was not provided by the chapter, it can be used to keep track of your service activities during the summer to assist you in completing your Candidate Form in the fall or spring of the coming school year. Reminder: The decision regarding whether any of the service hours listed on this form count toward candidacy or member service obligations rests solely with the local Honor Society chapter. Consult with the chapter adviser if questions arise. For additional information about NHS visit www.nhs.us.