

Name: _____ Organization: _____ Date Range: _____

Adviser Prior Approval: _____ Date Approved: _____

SUPERVISORS: Do **NOT** sign off any dates if the form is not filled out completely.

NHS Volunteer Service Log (for multiple days with the same organization)

Supervisor signs off regularly

	Date of Service	Brief Description of Service	# of hours	Supervisor signature	Date of signed
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

Total number of hours: _____ Supervisor's signature: _____ Date: _____