

**SHMS National Junior Honor Society**  
**Volunteer Verification Sheet**

STUDENT NAME:

DATE(S):

TIME(S) IN/OUT:

TOTAL HOURS AT THIS ORGANIZATION:

COMMUNITY ORGANIZATION:

Description of Community Service Performed:

Special Notes from Organization that you would like NJHS advisors to be aware of:

Signature of Organization Representative:

Print Name:

Position/Title:

Phone Number/Email:

Signature of NJHS Member: