☆ SHMS NJHS VOLUNTEER HOURS ☆ 2019 -2020 School Year

STUDENT NAME: _____

TOTAL HOURS COMPLETED: _____

SERVICE DATE(S)	HOURS WORKED	SUPERVISOR INITIALS
	SERVICE DATE(S)	SERVICE DATE(S) HOURS WORKED

Student Signature: _____

*Verification Sheet for each Organization must be included and submitted to advisor.