

# NHS Service Hour Documentation Form

Semester: Fall / Spring (circle one)

Name: \_\_\_\_\_

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NHS Participation Service #1: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_

NHS Participation Service #2: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_

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Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Service Performed: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_

Phone Number of Verifier: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Service Performed: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_

Phone Number of Verifier: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Service Performed: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_

Phone Number of Verifier: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Service Performed: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_

Phone Number of Verifier: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Service Performed: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_

Phone Number of Verifier: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Service Performed: \_\_\_\_\_

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Phone Number of Verifier: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Service Performed: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_

Phone Number of Verifier: \_\_\_\_\_