Service Hours Record Sheet for the HFCHS Honor Society

Volunteer's Name _____

These are hours for the 1st / 2nd (circle one) semester of the _____--_____ (fill in year) school year . Grade 9th/10th/11th/12th (circle one).

****You must fill out all the requested information for the hours to count.****

Date of Service	Non-profit* Where Worked (*must be a non-profit agency)	Hours Worked	Tasks Performed	Name and Contact (Phone or Email) of Supervisor

Total hours worked for this semester _____

Parent certifies that this information is true -

_____

(parent signature)

Date of Service	Non-profit* Where Worked (*must be a non-profit agency)	Hours Worked	Tasks Performed	Name and Contact (Phone or Email) of Supervisor