

Complete the entire form before you submit your hours. Please don't cut them up individually.

### NJHS Service Hours

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

Service Activity: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Place of Service: \_\_\_\_\_

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

Benefit community gained from service: \_\_\_\_\_

Benefit you gained from service: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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