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

NJHS Service Hours Name:	NJHS Service Hours Name:
Service Activity:	Service Activity:
Date of Service:	Date of Service:
Place of Service:	Place of Service:
Number of Hours:	Number of Hours:
Benefit community gained from service:	Benefit community gained from service:
Benefit you gained from service:	Benefit you gained from service:
Supervisor's Signature:	Supervisor's Signature:
Phone Number:	Phone Number:
NJHS Service Hours	NJHS Service Hours
NJHS Service Hours Name:	NJHS Service Hours Name:
Name:	Name:
Name: Service Activity:	Name: Service Activity:
Name:  Service Activity:  Date of Service:	Name:  Service Activity:  Date of Service:
Name:  Service Activity:  Date of Service:  Place of Service:	Name:  Service Activity:  Date of Service:  Place of Service:
Name:  Service Activity:  Date of Service:  Place of Service:  Number of Hours:  Benefit community gained from service:	Name:  Service Activity:  Date of Service:  Place of Service:  Number of Hours:  Benefit community gained from service:
Name:  Service Activity:  Date of Service:  Place of Service:  Number of Hours:  Benefit community gained from service:	Name:  Service Activity:  Date of Service:  Place of Service:  Number of Hours:  Benefit community gained from service: