



National Honor Society- Arlington High School



Service Hours Record

Submit only 1 form per quarter

Member Name _____

Member Grade _____ Quarter (Please Circle): 1 2 3 4

TOTAL HOURS: _____

List Dates and Explanation of Service and Approval Signatures for the entire quarter

Service Hours

1. Dates: _____

Number of Service Hours: _____

Description of Service: _____

Signature of Approval of Activity Coordinator, Title, Phone Number, and Date (Please write legibly): _____

2. Dates: _____

Number of Service Hours: _____

Description of Service: _____

Signature of Approval of Activity Coordinator, Title, Phone Number, and Date (Please write legibly): _____

3. Dates: _____

Number of Service Hours: _____

Description of Service: _____

Signature of Approval of Activity Coordinator, Title, Phone Number, and Date (Please write legibly): _____

4. Dates: _____

Number of Service Hours: _____

Description of Service: _____

Signature of Approval of Activity Coordinator, Title, Phone Number, and Date (Please write legibly): _____

5. Dates: _____

Number of Service Hours: _____

Description of Service: _____

Signature of Approval of Activity Coordinator, Title, Phone Number, and Date (Please write legibly): _____

Reflection

Please give me your thoughts on your service. What was your favorite service activity? How did it impact you and/or those for whom you did the service?
