National Junior Honor Society - Slinger Middle School Chapter Service Hours Summary

Make Sure all hours are totaled and that your summary includes your signature.

Name:

Semester I or II Year_____

Please note: Activity must be with a formal event through a service organization and not simply a personal favor. Your commitment to service must extend past personal favors or family chores. Signatures cannot be the member's parent unless that parent was the person in charge of the activity.

Date of Activitity	Description of Activity	Hours	Authorized Signature (you may attach a note of verification to this summary if you cannot have the person sign this sheet)	Phone number of authorized person
TOTAL ALL HOURS HERE				

I have performed all of the above listed activities for fulfillment of my semester service requirement as a member of the Slinger Middle School Chapter of NJHS.

____NJHS Member's Signature _____ Date