NHS
Delton Osborn Chapter
Monroe High School
Monroe, Michigan

Service Report

Member:_____ Grade:_____

Service Category (if unsure, look on back of form):_____

Description of Service: _____
_____

Organization Served: _____

Supervisor:_____ #Hours:_____
<center>(PRINT Name/Title)</center>

Date Completed:_____ Contact Phone: (____)_____

Signed:_____

Left AND Right side of form MUST be complete when submitted.
The boxed section MUST be completed by the person who is supervising.
DO NOT WRITE BELOW THIS LINE

Service Approved: ☐ YES ☐ NO   Officer:_____
Date:_____
Hours Submitted (Date): _____

☐ Early   ☐ Last Day   ☐ OVERDUE

NHS
Delton Osborn Chapter

Service Report
Member Receipt

Member:_____

TFT Room: _____

Service Cat:_____

Desc. of Serv.:_____

_____

Org:_____

#Hours:_____

Date Completed:

_____

Private individuals may NOT sign for service unless previously cleared with the society.

App: YES NO Off:_____
Date:_____
Sub: [_____]

Early:☐ Last:☐ Over: ☐

DO NOT TEAR Receipt off of Form

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Service Report Log

To avoid using multiple forms for the same type of service, record dates and hours here. The last date listed should be used as DATE COMPLETED on reverse side.

Date	Hours	Sup. Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do NOT use this side for single event service. When a Service activity occurs over a number of days, record hours here. Place total hours on reverse side.

Service Categories:
  I) **Educational/Academic**
  II) **Social/Medical**
  III) **Charitable/Fund Raising**
  IV) **Community Improvement**
  V) **NHS Posting**
  VI) **Others – Must be pre approved with advisor.**