

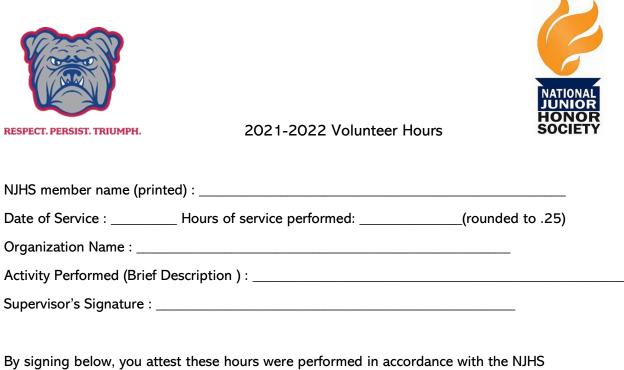


2021-2022 Volunteer Hours

NJHS member name (printed):	
Date of Service : I	Hours of service performed:(round	ed to .25)
Organization Name :		_
Activity Performed (Brief Des	cription) :	
Supervisor's Signature :		

By signing below, you attest these hours were performed in accordance with the NJHS expectations:

Member signature :	·	



By signing below, you attest these hours were performed in accordance with the NJHS expectations:

Member signature : _____