



RESPECT. PERSIST. TRIUMPH.

2021-2022 Volunteer Hours



NJHS member name (printed) : \_\_\_\_\_

Date of Service : \_\_\_\_\_ Hours of service performed: \_\_\_\_\_(rounded to .25)

Organization Name : \_\_\_\_\_

Activity Performed (Brief Description ) : \_\_\_\_\_

Supervisor's Signature : \_\_\_\_\_

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

Member signature : \_\_\_\_\_



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