

Name _____

Organization: NHS Beta Club Key Club ASLI

Date: _____

Grade: 9th 10th 11th 12th Year: _____

Date	# of Hours	Name of Community Organization	Brief Description of Service	Adult Supervisor
				_____ (Printed Name) _____ (Signature)
				_____ (Printed Name) _____ (Signature)
				_____ (Printed Name) _____ (Signature)
				_____ (Printed Name) _____ (Signature)

Student Signature: _____