

Greenwood High School NHS Service Documentation Sheet 2022-23

Sponsors: Lori Foust & Rebecca Price

Name: _____ Grade: 11th/12th Phone # _____
(circle one)

Date of Activity: ___/___/___ Length of activity: _____

Activity Description: _____

Signature & title of Adult Sponsor: _____
Family members cannot sign off – donations will be signed off by NHS sponsor

Phone # of where sponsor can be reached: _____

of service pts credit : _____ (to be filled by NHS advisor)
NOTE: maximum of 3 points per activity sheet

service hours verified by _____ (signed by NHS advisor)

.....
Receipt of Service Credit --- filled out by NHS Officer/Advisor

Date Received: ___/___/___

NHS member: _____ Grade: 11th/12th
(circle one)

Activity: _____

of service credits received: _____

NHS sponsored activity: *yes or no*

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