

National Honor Society Service Hour Verification

If Group Approved Check Here

Name: _____

Organization served: _____

Duties Performed: _____

To be filled out by supervisor only:

(Supervisor's name)

(Number of hours completed)



(Supervisor's signature)



(Title)

(Daytime Telephone/Email)

All forms must be completed within **two weeks** from the volunteer activity.

Please mail form to:
Ms. Angela Raso
Wheaton North High School
One Falcon Way
Wheaton, IL 60187

Deadline for All Forms – April 5, 2010