

CB West National Honor Society Hours Verification Form

Unless directed otherwise, NHS members should bring a copy of this form to EVERY event and ask a supervising adult to sign and verify your hours of service.

Forms must be submitted within ONE WEEK of the event in order to be credited to your account.

The NHS member should fill out the information below before asking an adult to sign.

Name of NHS member: _____

Event Title: _____

Date & Times: _____

Description of tasks completed: _____

Hours of service: _____

Check here if you want this to count towards your FOUR Outside Flex Hours

Adult signature verifying hours: _____

Adult Title: _____

Adult Contact (phone or email): _____