



# NHS Individual Service Points Form

NHS Member (please print) \_\_\_\_\_

Fall Semester:

Spring Semester:

Refer to the Individual Service Requirements and Guidelines handout regarding questions about individual service.

Date _____	Start Time _____	Stop Time _____	Hours _____	Points _____
Organization/Group _____				
Description of Service _____				
Authorized Signature _____			Telephone _____	
Printed Name _____			Position _____	

Date _____	Start Time _____	Stop Time _____	Hours _____	Points _____
Organization/Group _____				
Description of Service _____				
Authorized Signature _____			Telephone _____	
Printed Name _____			Position _____	

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Printed Name _____			Position _____	

Date _____	Start Time _____	Stop Time _____	Hours _____	Points _____
Organization/Group _____				
Description of Service _____				
Authorized Signature _____			Telephone _____	
Printed Name _____			Position _____	

I acknowledge that the service hours/points and signatures listed on this form are true and complete. I understand that any false information or misrepresentation will result in the disciplinary actions with the National Honor Society.

Total Hours \_\_\_\_\_ Total Points \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

This Individual Service Point form is due to the NHS Office (C119) by 4:30 p.m. by the specified date.

**\*\* PLEASE RETAIN A COPY OF THIS SHEET FOR YOUR RECORDS. \*\***