

Member Name (PLEASE PRINT): _____ STUDENT ID: _____



TAYS JUNIOR HIGH NJHS SERVICE HOURS

YOU MUST HAVE THIS FORM PRESENT WHEN COMPLETING SERVICE HOURS. THE SUPERVISOR YOU ARE VOLUNTEERING FOR MUST SIGN OFF ON YOUR HOURS AT THE COMPLETION OF SERVICE TIME.

DATE	DESCRIPTION OF SERVICE	EVENT/LOCATION	SUPERVISOR'S SIGNATURE	TJH (TJH) or PERSONAL (P)	TIME GIVEN (# OF HOURS)

A MINIMUM OF 10 TOTAL HOURS IS REQUIRED. AT LEAST 2 HOURS MUST BE TJH SERVICE HOURS.

PAGE TOTAL		TOTAL OF ALL PAGES	
TOTAL TJH HOURS		TOTAL TJH HOURS	
TOTAL PERSONAL HOURS		TOTAL PERSONAL HOURS	
TOTAL NUMBER OF HOURS		TOTAL NUMBER OF HOURS	

Member's SIGNATURE: _____