



**NJHS INDIVIDUAL HOURS FORM  
For Off-Campus Service  
2014-2015**

NJHS Member Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of your service: \_\_\_\_\_

Service recipient (Person and/or Organization):

\_\_\_\_\_

Brief description of service performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total hours completed: \_\_\_\_\_

Contact person name: \_\_\_\_\_

Contact's phone number: \_\_\_\_\_ email: \_\_\_\_\_

Signature of service recipient or contact person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of NJHS member's parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be sure that you logged these points on our form through Edmodo as well.**

**Drop this form off to Mrs. Clay.**