

NHS Community Service Time Sheet

Student Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Signature: \_\_\_\_\_

Month	Day	Year	Start Time:	End Time:	Day Total:
Total Time Served on this Project:					

Write a brief (two or three sentences) description of the project and if you viewed your investment as positive or negative.

Student Signature: \_\_\_\_\_

Community Service Coordinator Comments:

Received: \_\_\_\_\_

Approved: \_\_\_\_\_

