

Name: \_\_\_\_\_ Semester: \_\_\_\_\_

### NHS Hours Form

#### **OCS Activity**

School event (music performance, sporting event, etc.) for organization that you do not participate in.

Date	Description	Staff signature:

#### **Service Hours**

##### **OCS Service Hours- 5 Hours Required**

Tutoring, assisting a teacher, volunteering at school, etc.

Date	Description	Hours	Signature
	Subtotal Hours		

##### **Community/OCS Service Hours – 5 Hours Required**

Outside community service OR OCS Service Hours

Date	Organization/Description	Hours	Signature/ Contact information
			Contact:
			Contact:
			Contact:
			Contact:
	Total Hours		