



National Junior Honor Society

Lakota Middle School

2016 - 2017 Community Service Record Sheet

Student Name: _____ Grade: _____

Please complete the following and return this form during any scheduled meeting. Remember that you are required to complete 2 individual community service projects per semester. An adult other than a parent must sign to vouch for the volunteered hours.

Name of Place: _____

Adult Supervisor's Name: _____

Supervisor's Phone Number or Email: _____

Please briefly describe type of volunteer work: _____

Number of hours volunteered: _____ Circle: Community or School

I CERTIFY THAT THIS STUDENT COMPLETED THE ABOVE VOLUNTEER WORK.

Supervisor's Signature

Date

Name of Place: _____

Adult Supervisor's Name: _____

Supervisor's Phone Number or Email: _____

Please briefly describe type of volunteer work: _____

Number of hours volunteered: _____ Circle: Community or School

I CERTIFY THAT THIS STUDENT COMPLETED THE ABOVE VOLUNTEER WORK.

Supervisor's Signature

Date