CB West National Honor Society
Hours Verification Form

Unless directed otherwise, NHS members should bring a copy of this form to EVERY event and ask a supervising adult to sign and verify your hours of service.

Forms must be submitted within ONE WEEK of the event in order to be credited to your account.

Name of NHS member: _____

Event Title: _____

Date & Times: _____

Description of tasks completed: _____

_____

Hours of service: _____

_____ Check here if you want this to count towards your TEN outside Flex Hours

_____

Adult Title: _____

Adult Contact (phone or email): _____