National Junior Honor Society St. Joseph Catholic Parish School Service Hours Form

Name:	Total # of Hours:
you have your service hours at ev	required for each semester grading period. Please make sure ery meeting and that you complete each section of this form write a detailed 1-2 sentence description for each ned.
Date(s) and hour(s) of serv	vice worked:
 Supervisor or Witness info 	rmation:
Printed name The above stated St. Joseph Cath stated community service hours u	Phone number or email contact nolic School NJHS student has completed the previously nder my supervision.
Signature of Superviso	or Date
Mrs. Thurston's signature ((NJHS Adviser):
 Please circle the appropria 	ate semester 1 2