

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

Name: _____

Total # of Hours: _____

A minimum of 3 service hours are required for each semester grading period. Please make sure you have your service hours at every meeting and that you complete each section of this form completely and correctly. **Please write a detailed 1-2 sentence description for each community service you performed.**

- Date(s) and hour(s) of service worked: _____

- Supervisor or Witness information:

Printed name

Phone number or email contact

The above stated St. Joseph Catholic School NJHS student has completed the previously stated community service hours under my supervision.

Signature of Supervisor

Date

- Please circle the appropriate semester 1 2