

**NATIONAL HONOR SOCIETY
BROMFIELD CHAPTER**

COMMUNITY SERVICE HOURS

Name _____ Date _____

Term # _____ Total Hours _____ Location _____

Note down date(s), hour(s), time(s) and location(s) of the service you performed:

Describe the nature of the community service you performed:

.....
I certify that the abovementioned service was performed:

Witness Name _____ Role _____

Signature _____ Date _____

PLEASE NOTE—witnesses may not be family members or relatives; also, this sheet should be filled out completely before obtaining signatures.