

School Service Hour Log

Please fill out each activity completely in detail. Incomplete answers will result in no credit for the activity. Please see the various organization web pages at www.dhhs.net for both fall and spring due dates. **Late turn in is not accepted.**

Your Name: _____ Grade Level: _____

Activity (Be very detail specific): _____

Date of Activity: _____ Total Hours Worked: _____

Organization hours are to be applied to (circle one); NHS CSF Dolphin Pride

Type of Service (circle one): School Community Recycling

Service Hours Authorized By: _____

Title/Position: _____ Contact phone: _____

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