

Carmel High School
2006-2007 Individual Hours Form
National Honor Society

Member name _____

Service recipient _____
(agency or person)

Service performed _____

Number of hours _____

Date(s) _____

Contact person: _____

Phone number: _____

E-mail address: _____

I certify that the above named student has performed the service stated:

Signature of service recipient

Signature of parent

Turn in this form to either a sponsor or officer. It is your responsibility to ensure that you receive credit for a total of 20 individual community service hours.