



NHS Individual Service Hours Form

Mount Greylock Regional High School

_____ Academic Year

Name: _____

Date _____	Start Time _____	Stop Time _____	Hours _____
Organization/ Group _____			
Description of Service _____			

Authorized Signature _____		Contact Information _____	
Position _____			

Date _____	Start Time _____	Stop Time _____	Hours _____
Organization/ Group _____			
Description of Service _____			

Authorized Signature _____		Contact Information _____	
Position _____			

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