NHS Community Service Time Sheet

Due Date: _____ at the last meeting of the semester.

Please list your name and all activities on the lines below. You must have a **supervisor's signature** and **phone number** to receive credit.

Student Name: _____

Date	Activity Description	# of Hours	Supervisor's Signature & Phone Number
	Total		

Reflection

Pick one of the above activities and writ a paragraph about it. Describe what you did and answer the following questions. Did you enjoy what you did? Why or why not? Do you think that what you did was helpful? Who was helped? Did you benefit from this activity? How? Would you do this again?

_____
_____
_____
_____
_____
_____