# NHS Community Service Sheet 2017-2018

Name: _____ Grade: _____ Student ID: _____ Month: _____

***REMINDER: Hours must be handed in by the 10th of the following month

| Date | Event | Time | Hours | Contact Name and Email/Phone | Contact Signature |
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**Approved** (for office use only): _____

# NHS Tutoring Sheet 2016-2017

Name: _____    Grade: _____    Student ID: _____    Month: _____

| Date | Tutee Name | Tutee Grade | Subject Tutored | Length of Session | Signature |
|------|------------|-------------|-----------------|-------------------|-----------|
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**Approved** (for office use only): _____