

Lynchburg-Clay High School National Honor Society Community Service Activity Documentation

To be completed by Student:

Student's Name: _____

Date(s) of Activity: _____ Total Number of Hours: _____

Description of Service/Activity: _____

To be completed by Sponsor:

Organization Name: _____

Sponsor Name/Title: _____

Sponsor Phone Number: _____

Sponsor Signature: _____

Date: _____