



South Texas Preparatory Academy

National Junior Honor Society

2018- 2019 Community Service Record Sheet



100+



75-99 hrs.



50-74 hrs.

REACH FOR THE GOLD!

COMMUNITY HOURS

DUE: 4/03/19

Student Name: _____ Date: _____ Homeroom: _____ Grade: _____

NJHS members are required to complete 10 or more hours of service. (5 School, 5 Community)

Date	Location-Phone number-Task	Total Time	Supervisor Signature
	Location: _____ Phone number: _____ Task: _____		Supervisor name: _____ Signature: _____
	Location: _____ Phone number: _____ Task: _____		Supervisor name: _____ Signature: _____
	Location: _____ Phone number: _____ Task: _____		Supervisor name: _____ Signature: _____
	Location: _____ Phone number: _____ Task: _____		Supervisor name: _____ Signature: _____
	Location: _____ Phone number: _____ Task: _____		Supervisor name: _____ Signature: _____
	Location: _____ Phone number: _____ Task: _____		Supervisor name: _____ Signature: _____
	Location: _____ Phone number: _____ Task: _____		Supervisor name: _____ Signature: _____
		TOTAL HOURS	

I attest that I have completed the work as recorded and **completed all areas** of this form. If incomplete, the form will be returned to provide an opportunity for completion. I understand that probation or dismissal may apply if the form is turned in late or incomplete. Form must be completed in pen.

NJHS Member Signature

Date Submitted

Please submit all Service Record Sheets to the NJHS Advisor ~ Diana A Garcia Rm. 141.



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National Junior Honor Society

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100+



75-99 hrs.



50-74 hrs.

REACH FOR THE GOLD!

SCHOOL HOURS

DUE: 4/3/19

Student Name: _____ Date: _____ Homeroom: _____ Grade: _____

NJHS members are required to complete 10 or more hours of service. (5 School, 5 Community)

Date	Location-Phone number-Task	Total Time	STPA Staff Signature
	Location: _____ STPA Staff Name: _____ Task: _____		Signature: _____
	Location: _____ STPA Staff Name: _____ Task: _____		Signature: _____
	Location: _____ STPA Staff Name: _____ Task: _____		Signature: _____
	Location: _____ STPA Staff Name: _____ Task: _____		Signature: _____
	Location: _____ STPA Staff Name: _____ Task: _____		Signature: _____
	Location: _____ STPA Staff Name: _____ Task: _____		Signature: _____
	Location: _____ STPA Staff Name: _____ Task: _____		Signature: _____
TOTAL HOURS			

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