

NHS Advisor Use only
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NHS Community Service Form

Sonora High School

325-387-6940

NHS Member Name: _____

I volunteered at/with: _____

Date(s) of Activity: _____ Time Participated: _____ to _____
_____ to _____
_____ to _____

Summary of Activity (be brief but specific): _____

Signature of Project's Adult Supervisor

phone #

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