



Eagleview Middle School NJHS Community/School Service Hours



NJHS Member's Name _____ Date(s) of service _____

Brief description of service: _____

Total Hours: _____ How would you like to count the hours? SCHOOL or COMMUNITY

Authorized Signature by Supervising Adult

*To submit this form, take a picture of it and save it to your device. Then, upload it to the correct Discussion post in the NJHS **group** in Schoology (School Hours Submission or Community Hours Submission). Thanks!*



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