

WESTPORT NHS COMMUNITY SERVICE FORM

Use a separate form for each type of service. Keep your own copy and submit a copy to the Chapter Advisor.

Name: _____ **Hours:** _____

Organization: _____

Contact Person: _____

Contact Person Phone Number: _____

Contact Person Signature _____

Date: _____

Time (s) and Date(s) of Service:

Description of Activity/Purpose of Service:

Personal Reflection of Service (What was learned?):