



Jefferson High School National Honor Society Required Activity Make-up Form

CHARACTER
SERVICE
LEADERSHIP
SCHOLARSHIP

Please complete this form. It must be signed by the volunteer supervisor.

Student name: _____

Number of hours to be made up: _____

This volunteer activity will make up for the _____ Activity.

Date of original event: _____

Date to have completed make-up: (1 month from original due date) _____

People who have agreed to supervise these make-up hours:

- Rochelle Hesford – 21st Century Programs director (225 – 3164)
- Mrs. Carlson – FCS Teacher JHS (225 – 3317)
- Amanda Lagerquist – Bear Grass Suites (225 – 3101)
- Mr. McCauley – Outside Classroom & Native Landscape (225 – 3317)

Proposed alternate activity to be approved by NHS advisor _____

Advisor Initials: _____

Description of volunteer activity (Please be specific):

Number of hours completed in this activity: _____

Volunteer Supervisor's signature: _____

Date: _____

Student Signature: _____

JHS NHS advisor signature: _____