

# NHS POINT FORM

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Event Title and Description: \_\_\_\_\_

Job Assigned to NHS Member: \_\_\_\_\_

NUMBER OF HOURS WORKED: \_\_\_\_\_ Circle:      INSIDE      OUTSIDE

## **TO BE FILLED OUT BY SUPERVISOR**

Supervisor's name and title: \_\_\_\_\_

Contact information: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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