Stony Point High School
Round Rock, Texas

National Honor Society

Service Hours – Information Form
Clarity of answers DOES MATTER. Answer thoughtfully.

Name of NHS Member _____ Class of _____

Name of Activity _____

- What is the location of the activity? (name of school, nursing home, hospital, etc)

- What did you do to participate?

- How did this project benefit others?

- How did this project benefit/affect you?

- Date(s) of the activity, include the time for each date:
  (*Use the other side to list more, if needed.*)

Date(s)	*Time(s)*
_____	_____
_____	_____
_____	_____

Total Hours: _____

Record this service as *(Circle one)*: **a NHS event** or **count the hours**

SPHS NHS Member Signature: _____ Date: _____

Sponsor/Director of the above mentioned Activity

_____ _____ _____
Print Name *Signature* *Date*

Title of Position: _____ Phone Number: _____