



BSA TROOP 1993

COMMUNITY SERVICE FORM

Attention Scouts: All community service work must be approved by the SM or ASM before performing the service. After completing the service, you must return this form to the Advancement Chairperson or the SM to receive proper credit of community service hours. Please make sure this form is complete and is signed by a representative of the organization you worked for. Keep copy for scout's record.

Scout Name / Rank: _____

Total number of hours worked: _____

Date service was performed: _____

Name of Organization: _____

Address: _____

Phone: _____

Email: _____

Brief Description of Service (to be completed by Scout):

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary remuneration was paid to _____.
Name of Scout (please print)

Name: _____ **Title:** _____
Organization Representative (please print)

Signature

Date

Scout Signature

Scoutmaster / ASM Signature