

## COMMUNITY SERVICE HOUR REPORTING FORM

SCOUT NAME
NAME OF ORGANIZATION SERVICE WAS PERFORMED
PROJECT TITLE
DATE SERVICE WAS PERFORMED
NUMBER OF HOURS
BRIEF DESCRIPTION OF SERVICE (TO BE COMPLETED BY SCOUT):
PHONE NUMBER OR E-MAIL OF CONTACT PERSON
SIGNATURE OF CONTACT PERSON
TROOP'S SIGNATURE OF APPROVAL
(KEEP COPY FOR SCOUT'S RECORD)