



Troop 811 Community Service Form Journey to Excellence

Unit ID: 109929

Attention Scouts: Please submit completed forms to Mrs. Rivera to receive proper credit of community service hours. Please make sure this form is complete and it is signed by a representative of the organization you worked for or proof of service is attached.

Note: If multiple Scouts worked at the same organization, each Scout needs to complete a separate form.

Scout Name: _____

Total number of hours worked: _____ Date(s) service was performed: _____

Organization: _____

Address: _____ Phone: _____

Description of service project and/or work performed:

I hereby acknowledge that the work as described above has been satisfactorily and fully completed.

Project Supervisor's Name: _____

Project Supervisor's Signature: _____ Date: _____