



BSA TROOP 180

COMMUNITY SERVICE HOUR FORM

SCOUT NAME: _____

ORGANIZATION SERVED: _____

PROJECT TITLE: _____

DATE SERVICE WAS PERFORMED: _____

START TIME: _____ STOP TIME: _____ TOTAL: _____ hours

BRIEF DESCRIPTION OF SERVICE (TO BE COMPLETED BY SCOUT):

ORGANIZATION CONTACT: _____

PHONE OR E-MAIL: _____

CONTACT'S SIGNATURE: _____

TROOP ADULT LEADER SIGNATURE: _____

(KEEP COPY FOR SCOUT'S RECORD)

(TURN IN ORIGINAL TO SERVICE HOURS COORDINATOR)