

# Service Hour Report Form -- Troop 001 Akron

NAME \_\_\_\_\_

SCOUT

EVENT \_\_\_\_\_

ADULT LEADER

DATE \_\_\_\_\_ TIME \_\_\_\_\_  
 LIST MULTIPLE DATES/TIMES FOR SAME EVENT ON REVERSE

SPONSORED BY WHICH GROUP? \_\_\_\_\_

WHICH GROUP BENEFITS? \_\_\_\_\_

OTHER GROUPS INVOLVED \_\_\_\_\_

NATURE OF EVENT \_\_\_\_\_



RESULTS OF EVENT (miles walked, cans collected, etc.) \_\_\_\_\_

TOTAL HOURS I WORKED  
(ON THIS PROJECT)

I WORKED WITH OTHER SCOUTS

I WORKED WITH SCOUT LEADERS

I WORKED WITH NON-SCOUTS

THIS IS AN EAGLE PROJECT \_\_\_\_\_ EAGLE CANDIDATE'S NAME

COMMENTS OR NOTES (ABOUT EVENT) \_\_\_\_\_

SIGNATURE OF SUPERVISOR \_\_\_\_\_

PRINT NAME OF SUPERVISOR \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**FOR TROOP USE ONLY**

- FOOD
- SHELTER
- HEALTHY LIVING
- OTHER SERVICES
- \_\_\_\_\_ Good Turn for America
- \_\_\_\_\_ Recorded (Initials)
- \_\_\_\_\_ Date

<b>SCOUTMASTER'S BOX</b>	
Scoutmaster has approved activity to qualify for service hrs.	<input type="checkbox"/> INDIVIDUAL REPORT
_____ SCOUTMASTER NAME	<input type="checkbox"/> TROOP ACTIVITY
_____ SIGNATURE	_____ # OF SCOUTS INVOLVED
	_____ # OF ADULTS LEADERS
	_____ # OF NON-SCOUTS
	_____ # OF OTHER ADULTS