SERVICE HOUR REPORT FORM

TROOP 304

PARTICIPANT INFORMATION

Name: _____ ☐ Scout ☐ Adult Leader

Event: _____

Date(s): _____ Time(s): _____

EVENT DETAILS

Sponsored By: _____

Group Benefited: _____

Other Groups Involved: _____

Nature of Event: _____

Results (miles walked, items collected, etc.): _____

PARTICIPATION DETAILS

☐ I worked with other Scouts
☐ I worked with Scout leaders
☐ I worked with non-Scouts
☐ This was an Eagle Project

Eagle Candidate Name: _____

TOTAL HOURS WORKED

_____

COMMENTS / NOTES

SUPERVISOR VERIFICATION

Signature: _____ Print Name: _____

Telephone: _____

FOR TROOP USE ONLY

☐ Food ☐ Shelter ☐ Healthy Living ☐ Other Services

Date Logged: _____ ☐ Approved for service hours

Scoutmaster Name: _____ Signature: _____

☐ Individual Report ☐ Troop Activity

Scouts: _____ # Adult Leaders: _____ # Non-Scouts: _____

Other Adults: _____