



BOY SCOUT TROOP 714

COMMUNITY SERVICE HOUR FORM

SCOUT NAME: _____

NAME OF ORGANIZATION: _____

DATE SERVICE WAS PERFORMED: _____

NUMBER OF HOURS: _____

BRIEF DESCRIPTION OF SERVICE:

NAME & PHONE NUMBER OR E-MAIL OF CONTACT PERSON:

SIGNATURE OF CONTACT PERSON: _____

SCOUT'S SIGNATURE: _____

TROOP'S SIGNATURE RECEIVED: _____

DATE TURNED IN _____

Please complete form for service hour requirements for Second Class, Star and Life Rank requirements, and for Citizenship in the Community merit badge. Signed Letter or certificate can also be attached.