

# Troop 24

## Service Hours Application Form

Please complete top portion and obtain Scout Master approval PRIOR to providing service.

Scout Name: \_\_\_\_\_

Date of planned service: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Service Location: \_\_\_\_\_

Adult Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe service activity: \_\_\_\_\_

---

---

---

---

---

\_\_\_\_\_  
Scout Master Approval / Date

.....

After completing the service hours, please answer the question below and obtain the signature of adult supervisor listed above to receive credit.

How do you feel this activity has benefited you and/or the community?:

---

---

---

---

---

\_\_\_\_\_  
Adult Authorization – Signature/ Date