

# Boy Scout Troop 225

## Community Service Hours Form

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

Date of Service: \_\_\_\_\_

Description of service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scoutmaster Preapproval: \_\_\_\_\_

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This is to verify that scout \_\_\_\_\_ from Troop 225

has completed \_\_\_\_\_ hours of service.

Group/ Organization \_\_\_\_\_

Contact person \_\_\_\_\_

Contact number \_\_\_\_\_

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Scoutmaster Final Approval \_\_\_\_\_

Date \_\_\_\_\_