

BSA TROOP 599

Service Hours Record

Please fill in the requested information and obtain prior approval from the Scoutmaster or one of the Assistant Scoutmasters. If not completed prior to performance of service hours, please have a representative of the service organization sign and complete the below information. Return the completed form to the Advancement Chair after service hours have been performed.

Scout Name: _____

Current Scout Rank: _____

Organization to be served: _____

Hours and Date to be worked: _____

Provide a brief description of the service work to be performed:

Scoutmaster / Assistant Scoutmaster Approval:

Hours Worked: _____ Date: _____

Organization Representative Signature:

Organization Representative Phone #: _____

Troopmaster entry Date: _____ Initials: _____