

Troop 11 Coventry

Service Verification Form

| | |
|---|---------------------------|
| SCOUT INFORMATION | |
| Scout Name | |
| REMINDER INFORMATION <i>(Below is the information regarding the community service opportunity that must be Pre-Approved by the Scout Master.)</i> | |
| Name of Event: | |
| Date/Time of Event: | |
| Place of Event: | |
| Contact Person/Phone#/Email: | |
| Supervisor's Name | Supervisor's Phone Number |
| SERVICE DESCRIPTION | |
| Please explain <u>what you will be doing</u> during your community service experience. Be specific. | |
| | |
| | |
| | |
| | |
| | |
| | |
| Scout Master Signature (Pre-Approved) | Supervisor's Signature |
| SCOUT REFLECTION | |
| Date(s) of Service | |
| Total Number of Hours | |
| Please explain <u>who benefited</u> from your community service. Be specific. | |
| | |
| | |
| | |
| | |
| Signature | |
| Scout Master Signature (Final) | |