Request for Independent Community Service Credit

(SCOUTMASTER APPROVAL REQUIRED PRIOR TO START OF SERVICE)

Scout's Name _____ Date of Request _____

Brief description of proposed project (describe what Scout will do and where it will occur):

Organization or agency sponsoring the project or event:

Name of Organization _____

Address of Organization (Street, City, State, Zip Code) _____

Name of Person In Charge _____ Person's Title in Organization _____

Parent Signature Acknowledging Safety and Supervision _____ Date _____

Scoutmaster's Approval Or Committee Chair Approval _____ Date _____

----------Complete Below This Line After the Event----------

The Scout Completed _____ hours of community service on _____
Date

Signature of Person in Charge for Organization _____ Scout's Signature _____

Committee Use:

Accepted by Scoutmaster _____ Accepted by Committee _____ Recorded _____