

Troop 93, Uncasville, CT.
Record of Community Service

Scout Name: _____

Job Contact Person: _____

Phone #: _____ E-mail: _____

Event: _____

Date of Event: _____ Duration of Event: _____

Location of Event: _____

Type of work : _____

Completed by Organization

I certify the above listed Information as recorded.

Name: _____ **Date:** _____

Signature: _____

**Please complete this form and forward to the Scoutmaster, Assistant Scoutmaster
or Committee Chairman.**

Scout Leader

Approved

Denied

Remarks: _____

