



Boy Scout Troop 134



Service Hours Documentation

To be completed by the Scout:

Organization Needing Service _____

Organization Contact Information _____

Organization Representative _____

Date(s) Service Hours Performed _____

Service Hours Requested (number) _____

Brief Description of the Service Performed:

Scout's Name _____

Scout's Rank _____

On my honor, I participated in this Service Project for the requested hours.

Scout's Signature _____

Organization Representative Signature _____

Date: _____

Accepted by Troop 134 _____

Date: _____

Logged by Troop 134 _____

Date: _____