

Service Hours Verification Form

Use this form to have an **adult supervisor** verify the time you spent working on the project.

Circle one:

BSA Activity

My Project

Scout Name _____

Service Organization Name _____

Describe Service Performed _____

Date of Service _____ Hours Spent in Service _____

Supervisor Signature _____

Supervisor Name (Please Print) _____

(Your parent/guardian or other Scouts may not verify service for you.)

Supervisor phone # or e-mail address _____

(For verification purposes)

Advance Approval of SM, ASM or Committee Member:

Name of Adult Leader _____ Date Approved _____

**** Please turn completed form in to Mrs. Fimbres – Advancement Chair ****

NOTE: **BSA Activity** means a service project that is a Boy Scouts of America or Troop activity.

My project is any other service project that you do (by yourself or sponsored by a group that is *not* BSA).