



SERVICE HOURS CONFIRMATION

BOY SCOUT TROOP 352
Locust Grove United Methodist Church
Salem, Virginia 24153

Scout Performing Community Service: _____

Scout Rank at time of Service _____ counting towards next rank of _____

Date Service Performed: _____ Hours Served: _____

(Please briefly describe the service provided)

Organization: _____

Adult Supervisor: _____
(signature) (title)

Phone number and address: _____

Date submitted: _____ Approved: _____

Please turn into Scoutmaster so credit can be given to you.