



Capitol Hill Scouts
COMMUNITY SERVICE

Name: _____ Authorized by: _____
Scout Scoutmaster's Signature

ORGANIZATION AND SERVICE INFORMATION

Agency/Organization Name: _____

Contact Person: _____ Phone Number: _____

Volunteer Assignment: _____
Type of Work

Site Address: _____
Street or Building Name City, State

Date(s): _____ Total Number of Service Hours: _____

Scout's Performance (please circle one): EXCELLENT VERY GOOD FAIR POOR

Verified by: _____ Date: _____
Signature of Agency Representative