

RECORD OF COMMUNITY SERVICE HOURS

Name of Project/Event: _____ Project Date: _____

Leader Name: _____ Cell #: _____ Email: _____

Unit #: _____ Total # Adults: _____ Total # Youth: _____ Page _____ of _____

Please Print Legibly First and Last Name of Volunteers below:

Name:	Time Period Worked:	Task Completed:	Total Hours:



Please return this form to:
Ventura County Council, Boy Scouts of America
509 East Daily Drive
Camarillo, CA 93010
(805) 482-8938

Council Use Only:
Date Entered:
By: