

TROOP 30 Service Hours  
West Grove, PA

This acknowledges that \_\_\_\_\_  
(Scout name) (Current rank)  
has performed \_\_\_\_\_ hour(s) of volunteer service for \_\_\_\_\_  
(# of hours) (Name of organization)  
on \_\_\_\_\_,  
(Day of the week) MM/DD/YYYY

The service hours consisted of:

1. \_\_\_\_\_  
\_\_\_\_\_
  2. \_\_\_\_\_  
\_\_\_\_\_
  3. \_\_\_\_\_  
\_\_\_\_\_
- (Event) (Type of work)

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Organization Name, Address & Phone number:

Official user only Date Entered _____ Entered by _____
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