Journey to Excellence

Service Project Reporting Form

Unit Type: Pack / Troop / Crew / Ship / Team / Post		Unit Number:	
Reporting Leader's Name:		Phone Number/Email:	
Type of Service Project	ct (Circle One):		
Food Food Collection Meal Delivery Serving Food	Shelter • Home Building • Home Repair/Maintenance • Personal Care Collection • Blanket Collection • School Supply Collection • Book/Magazine Drive	 Healthy Living Blood Drive Fun Run/Walk/Hike/Cycle Bike Safety Event Child Fingerprinting Health Fair/Fitness Expo CPR Training Tree Planting Litter Cleanup/Beautification 	Other Services Disaster Relief Conservation Military Support National Park Resource Stewardship Other
Date of Service Project	et:		
Number of youth members participating in the project:			
Number of youth who are not members participating in the project:			
Number of adult leaders participating in the project:			
Number of other adults participating in the project:			
	uding members and non-members and non-members and non-members and non-members are sometimes.		
Which of the following	organization(s) did you partner	with on the project?	
 Habitat for Humanity Salvation Army U.S. Department of Health Local Food Bank/Pantry Local Shelter for the Abused Local Blood Bank Meals on Wheels Local Medical Center/Hospital County County Mosqu Other In Retirer Goodw 		h ogue Je Religious Organization Il ment Center will Industries Organizations	 Order of the Arrow Lodge Lone Scout Service Organization Housing Authority America Supports You U.S. Forest Service National Parks Service Other No Partner
Briefly tell us about your project:			