

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 (Check 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: _____

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: _____

Total unit hours – including members and non-members: _____

(Example: 10 people worked 2 hours = 20 total unit hours)

Which of the following organization(s) did you partner with on the project?

- | | | |
|--|---|---|
| <input type="checkbox"/> American Red Cross | <input type="checkbox"/> Boy Scout Camp | <input type="checkbox"/> Order of the Arrow Lodge |
| <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> County | <input type="checkbox"/> Lone Scout |
| <input type="checkbox"/> Salvation Army | <input type="checkbox"/> Church | <input type="checkbox"/> Service Organization |
| <input type="checkbox"/> U.S. Department of Health | <input type="checkbox"/> Synagogue | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Local Food Bank/Pantry | <input type="checkbox"/> Mosque | <input type="checkbox"/> America Supports You |
| <input type="checkbox"/> Local Shelter for the Abused | <input type="checkbox"/> Other Religious Organization | <input type="checkbox"/> U.S. Forest Service |
| <input type="checkbox"/> Local Blood Bank | <input type="checkbox"/> School | <input type="checkbox"/> National Parks Service |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Retirement Center | <input type="checkbox"/> Other |
| <input type="checkbox"/> Local Medical Center/Hospital | <input type="checkbox"/> Goodwill Industries | <input type="checkbox"/> No Partner |
| <input type="checkbox"/> City | <input type="checkbox"/> Civic Organizations | |

List any local organizations that you partnered with on this project: _____

Briefly tell us about your project: _____



JOURNEY TO EXCELLENCE

To learn more, visit www.scouting.org/awards/journeytoexcellence