



# BSA TROOP 99

## Good Turn for America/Community Service Activity Reporting Form

NOTE: Complete a **separate form** for each volunteer activity. Do not combine more than one activity on a form.

If you are reporting an Eagle Project, please use the Good Turn for America/Eagle Project Reporting Form instead of this one.

☐ Check here if only one scout/adult leader from Troop 99 participated. If so, complete only page 1 of this form.

☐ Check here if this was a Troop-sponsored activity. If so, one scout/adult scout leader will complete pages 1-2 of this form.

Full Name:	Hours of participation for this person on this activity:
Are You a: <input type="checkbox"/> Scout --OR-- <input type="checkbox"/> Adult Scout Leader	If Scout, list patrol: If Leader, list position:

Date of Activity (if more than one day, list beginning and ending dates):

Determine type of service project completed and check the ONE most appropriate box. Use OTHER for project types not listed. Choose only ONE from 1a. through 4e. Then fill in requested information (estimates acceptable).

<input type="checkbox"/> 1a. Food Collection	Total number of food items collected: _____
<input type="checkbox"/> 1b. Meal Delivery	Total number of meals delivered: _____
<input type="checkbox"/> 1c. Serving Food	Total number of meals served: _____
<input type="checkbox"/> 2a. Home Building	Total number of homes helped build or demolish: _____
<input type="checkbox"/> 2b. Home Repair	Total number of homes repaired or provided maintenance services: _____
<input type="checkbox"/> 2c. Personal Care Item Collection	Total number of items collected or distributed: _____
<input type="checkbox"/> 2d. Blanket Collection	Total number of items collected or distributed: _____
<input type="checkbox"/> 2e. School Supply Collection	Total number of items collected or distributed: _____
<input type="checkbox"/> 2f. Book/Magazine Collection	Total number of items collected or distributed: _____
<input type="checkbox"/> 3a. Blood Drive	Total number of units of blood collected: _____
<input type="checkbox"/> 3b. Fun Walk/Run/Hike/Cycle	Total number of miles completed by all participant(s): _____
<input type="checkbox"/> 3c. Bike Safety Event	Total number of youth participating in event: _____
<input type="checkbox"/> 3d. Child Fingerprinting	Total number of youth fingerprinted at event: _____
<input type="checkbox"/> 3e. CPR Training	Total number of people trained at event: _____
<input type="checkbox"/> 3f. Tree Planting	Total number of trees planted: _____
<input type="checkbox"/> 3g. Health Fair/Fitness Expo	Total number of groups or organizations participating at fair: _____
<input type="checkbox"/> 3h. Litter Clean-up/Beautification	Total bags of litter collected: _____
<input type="checkbox"/> 4a. Disaster Relief: DESCRIBE: _____	
<input type="checkbox"/> 4b. Conservation: DESCRIBE: _____	
<input type="checkbox"/> 4c. Military Support DESCRIBE: _____	
<input type="checkbox"/> 4d. National Park Service Resource Stewardship: DESCRIBE: _____	
<input type="checkbox"/> 4e. Other: DESCRIBE-BE SPECIFIC : _____	

Indicate the ORGANIZATION or TYPE of group benefiting from the activity. Check ALL that apply. Fill in blank lines when applicable.

<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Habitat for America	<input type="checkbox"/> Salvation Army	<input type="checkbox"/> U.S. Dept. of Health	<input type="checkbox"/> America Supports You
<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Goodwill Industries	<input type="checkbox"/> U.S. Forest Service	<input type="checkbox"/> National Park Service	<input type="checkbox"/> Housing Authority
<input type="checkbox"/> Local Blood Bank	<input type="checkbox"/> Local Food Bank	<input type="checkbox"/> Long Term Care Facility	<input type="checkbox"/> Shelter for Abused	<input type="checkbox"/> Local Medical Facility
<input type="checkbox"/> Church	<input type="checkbox"/> Synagogue	<input type="checkbox"/> Mosque	<input type="checkbox"/> Service Organization	<input type="checkbox"/> Order of Arrow Lodge
<input type="checkbox"/> Civic Organization	<input type="checkbox"/> Shelter for Homeless	<input type="checkbox"/> State Dept of Natural Resources: DE / PA / NJ / MD / Other _____		
<input type="checkbox"/> School	<input type="checkbox"/> City or Municipality	<input type="checkbox"/> County	<input type="checkbox"/> Park or Refuge: <i>circle one</i> - City / County / State / National	
<input type="checkbox"/> Other (DESCRIBE-BE SPECIFIC) _____				<input type="checkbox"/> No Partner.

Provide name of the specific group benefiting from activity:

Number of Scouts participating in the activity:	Number of Adult Scout Leaders participating:
Number of Non-Scout youth participating:	Number of other Adults participating:

Total Hours (include Troop 99 members and non-members) from Start to Completion:

(example: 8 scouts + 1 non scout youth + 2 adult leaders worked 2 hours each = 22 total hours)

BRIEFLY DESCRIBE THE COMMUNITY SERVICE ACTIVITY:

**NOTE:** Scout or Adult Scout Leader to complete pages 1 and 2 of this form for all Troop-Sponsored Activities or Activities in which more than one Troop 99 Scout or Adult Leader participated. **Record information for all individuals associated with Troop 99 participating in this event.** Use additional sheets as needed.

SIGN - IN SHEET			
PARTICIPANT'S NAME	CODE* (see below)	PATROL	TOTAL HOURS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

**CODE:**

1 = Scout - Troop 99	2 = Scout from another Troop/Pack	3 = Non-Scout Youth
4 = Adult Scout Leader - Troop 99	5 = Parent of Troop 99 Scout	6 = Non-Scout Adult

Scout or Adult Scout Leader Name (print)

Scout or Adult Scout Leader Signature

Date

**Distribution:** ☐ Good Turn Coordinator

- Bead Coordinator

- File