

Community Service Bar Final Report

Girl Scouts of Middle Tennessee

Please complete this form and return it to Girl Scouts of Middle Tennessee, Volunteer Relations, after completing the required hours for the Community Service Bar.

Name: _____ Troop: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone (day): _____

Name of Organization: _____

Name of Organization Contact: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone (day): _____

Please mark which Community Service Bar you are applying for:

_____ Cadette _____ Senior _____ Ambassador

How many hours of community service did you complete? _____

Please summarize what you did while completing the Community Service Bar:

Authorized Signatures:

Organization Contact

Date

Troop Leader

Date

Date Received: _____

Office Use Only

Date Approved: _____

Date Letter Sent: _____