



Community Service Bar Final Report

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

4522 Granny White Pike
Nashville, TN 37204

volunteerresources@gsmidtn.org

Name: _____ Troop: _____

Address: _____ City: _____

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

E-Mail Address: _____

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

Office Use Only	
Date Received: _____	Date Approved: _____
	Date Letter Sent: _____