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 (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: _____

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?

- American Red Cross
- 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
- City
- Boy Scout Camp
- County
- Church
- Synagogue
- Mosque
- Other Religious Organization
- School
- Retirement Center
- Goodwill Industries
- Civic 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

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