Service Project Reporting Form – Executive Board Quarterly Report

Leader’s Name:___________________________ Phone #/Email:______________________________

Type of Service Project (Circle One):

<table>
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<tr>
<th>Food</th>
<th>Shelter</th>
<th>Healthy Living</th>
<th>Other Services</th>
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<tr>
<td>Food Collection</td>
<td>Home Building</td>
<td>Blood Drive</td>
<td>Disaster Relief</td>
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<tr>
<td>Meal Delivery</td>
<td>Home Repair/Maintenance</td>
<td>Fun Run/Walk/Hike/Cycle</td>
<td>Conservation</td>
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<td>Serving Food</td>
<td>Personal Care Collection</td>
<td>Bike Safety Event</td>
<td>Military Support</td>
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<td></td>
<td>Blanket Collection</td>
<td>Child Fingerprinting</td>
<td>National Park Resource</td>
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<td>School Supply Collection</td>
<td>Health Fair/Fitness Expo</td>
<td>Stewardship</td>
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<td>Book/Magazine Drive</td>
<td>CPR Training</td>
<td>Other</td>
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<td>Tree Planting</td>
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<td>Litter Cleanup/Beautification</td>
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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

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

Briefly tell us about your project:________________________________________________________________________________________
________________________________________________________________________________________