

JOURNEY TO EXCELLENCE

Service Project Reporting Form – Executive Board Quarterly Report

Leader’s Name: _____ Phone #/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: _____
