

# SERVICE HOURS RECOGNITION SLIP

To whom it may concern:

The person named below has successfully completed the said hours for the said event listed below. Troop 765, Boy Scouts Of America; wish to extend our appreciation for the work, which this volunteer has performed.

VOLUNTEER NAME \_\_\_\_\_

EVENT \_\_\_\_\_

LOCATION \_\_\_\_\_

CHARTER ORGANIZATION \_\_\_\_\_

DATES WORKED \_\_\_\_\_

HOURS WORKED \_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Signature \_\_\_\_\_  
{Event Coordinator}

Date \_\_\_\_\_