



DATE OF ACTIVITY	TROOP ACTIVITIES					ADDITIONAL (*) CERTIFICATION NEEDED	DID YOU REFER TO Volunteer <i>Essentials</i> YES/NO	SUT*** Approved Signature
	ACTIVITY	COMMUNITY COLLABORATOR	DESTINATION	NO. OF GIRLS	NO. OF ADULTS			

\*Examples of Additional Certifications / Safety Equipment include: Small watercraft safety, lifeguard, gloves, goggles, helmets, etc.      \*\*\*SUT-Service Unit Team      \*\*Volunteer Essentials Activity Checkpoints

**All community services activities and service hours are reported on this form and are included in a troop's file. Reports are given to the Council's Board of Directors and the United Way.**

**This form should be submitted by June 15 with your end of year paperwork which includes: Looking Ahead/Opportunity Catalog, Troop Budget-Actual Report & Troop Outing Form**

**TRAINED ADULTS - Affiliated with Troop (May or may not be attending each activity)**

	<u>Date Trained</u>				<u>Date Trained</u>
Troop Leadership_____	_____		Outdoor Trained_____	_____	
Troop Leadership_____	_____		Outdoor Trained_____	_____	
First Aider_____	_____		Other (Title)_____	_____	
First Aider_____	_____		Other (Title)_____	_____	