girl scouts dakota horizons

Community Service Bar Time Log

(minimum of 20 hours)

Name:_____Date:_____

Grade Level (check one): ❑ Cadette ❑ Senior ❑ Ambassador Group/Troop Number:_____

Address:_____City:_____State:_____Zip:_____

Email:_____

Name of Supervising Girl Scout Adult:_____

Email:_____

Date	Activity*	Time Logged (Hours)	Adult Verification

*NOTE: Your service hours for the Community Service Bar needs to be separate from those you use toward other awards. Each bar (Cadette, Senior or Ambassador) represents a new project and can only be earned once.

Submit completed form via email to ge@gsdakotahorizons.org or mail to:
Girl Scouts Dakota Horizons, Attn: Girl Experience Manager
1002 43rd Street S, Fargo, ND 58103

Office Use Only—Final

❑ Approved

❑ Not Approved

GEM Signature_____

Date_____