



Girl Scouts of Swift Water Council  
PO Box 10832  
Bedford, NH 03110

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## Community Service Bar Evaluation

Complete the following form and attach the leadership project time log.

**Return to "Our Store" and you may purchase the Community Service Bar for \$1.55.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age Level: 11-14 14-18

Name of Organization you served: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Contact Person at that organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Training: (please tell me exactly what you're training entailed) (**min 4 hours required**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Services: (please tell me exactly what your service for that organization entailed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Contact at Organization: \_\_\_\_\_ Date: \_\_\_\_\_

