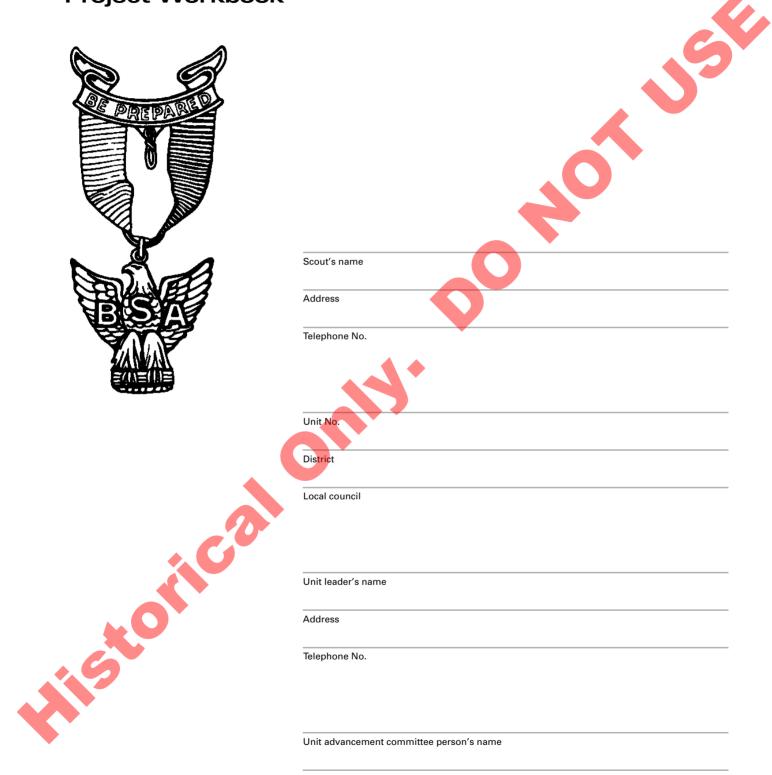
Eagle Scout Leadership Service Project Workbook



Address

Telephone No.

PROJECT DESCRIPTION

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Representative's title

Phone No.

PROJECT DETAILS

Plan your work by describing the present condition, the method, materials to be used, project helpers, and a time schedule for carrying out the project. Describe any safety hazards you might, face, and explain how you will ensure the safety of those carrying out the project. If appropriate, include photographs of the area before you begin your project. Providing beforeand-after photographs of your project area can give a clear example of your effort. "BEFORE" PHOTOGRAPHS Approval Signatures for Project Plan Project plans were reviewed and approved by Religious institution, school, or community representative Scoutmaster/Coach/Advisor Date Date Unit committee member Date Council or district advancement committee member Date **IMPORTANT NOTE**: You may proceed with your leadership service project only when you have □ Completed all the above mentioned planning details

- $\hfill\square$ Shared the project plans with the appropriate persons
- $\hfill\square$ Obtained approval from the appropriate persons

CARRYING OUT THE PROJECT

Record the progress of your project. Keep a record of how much time you spend planning and carrying out the project. List who besides yourself worked on the project, the days they worked, the number of hours they worked each day, and the total length of time others assisted on the project. If appropriate, list the type and cost of any materials required to complete the project. If your original inal project plan changes at any time, be sure and document what the change was and the reason for the change. Hours I Spent Working on the Project The length of time spent should be as adequate as is necessary for you to demonstrate your leadership of two or more individuals in planning and carrying out your project. Hours I spent: Planning the project _____ ____ Carrying out the project Total hours I spent working on the project: _____ Hours Spent by Scouts, Venturers, or Other Individuals Working on the Project Name Date No. of Hours Total number of hours others worked on the project: ____ For a grand total, add the total number of hours you spent on the project to the total number of hours others worked on the project: ____ Materials Required to Complete the Project Type of Material Cost of Material

