

Conservation Good Turn CERTIFICATE application

(Submit application to Ross Arnold at Rossarnold1213@gmail.com)

Person submitting the application

Name

Email Address

Phone No.

Unit type and no. _____ Date Submitted _____

(pack, troop, team, crew)

Participating agency/organization _____

Type of project _____

Number of workers youth _____ adult _____ Total hours worked _____

Please provide a brief summary of the project(s) including what the unit members learned from their experience.

Unit leader's name _____

Address _____

City _____ State _____ Zip code _____

Phone No. _____ Email Address: _____

For council use:

Certificate prepared on: _____

Certificate sent to unit leader on: _____

Project information recorded _____