



of central and western
massachusetts

Community Service Bar Application

Please complete and submit the following application to info@gscwm.org. We will review your application and you will be notified of the status via email within 2-3 weeks.

Note: After receiving approval, it is your responsibility to work with your troop/group leader to ensure all elements of the service were completed. It is also the troop/group leader or family's responsibility to purchase the Community Service Bar award.

Name: _____

Troop/group # _____

Address: _____

City, State, Zip: _____

Current grade: _____ E-mail: _____

Troop/group leader name and email:

Name of partnering organization:

Name & email of staff at partnering organization:

Give a brief description of the training that will be provided by the partnering organization before you begin your service:

Give a brief description of the community service you will provide to the partnering organization. (Min. 20 hours)

Submit completed form
to info@gscwm.org

For Office Use Only
Date Received: _____
Approved _____ Denied _____
If denied, attach letter with explanation.
Staff Initials: _____