



Resource Stewardship Scout Ranger Program *Individual Activity Tracking Sheet*

Scout's Name: _____

Council: _____

Unit: _____



Date	Park	Park Contact	Activity I Did	What I Learned	Hours
Total Hours					

I, the Scout, certify that I personally worked on these projects or programs for the provided hours.

Scout's Signature: _____

Date: _____

I certify that these hours accurately represent the work the participant conducted on the listed projects or programs.

Unit Leader Signature: _____

Date: _____