



Prerequisite Proof of Completion Family Life

Scout's name: _____

Date: _____

Troop: _____ Week: _____

Requirement 3: Prepare a list of your regular home duties or chores (at least five) and do them for 90 days. Keep a record of how often you do each of them. Discuss with your counselor the effect your chores had on your family.

Proof of Completion: List your chores below:

Keep a record of how often you do each of your chores. Share the record with your counselor and attach it to this sheet.

Discuss the effect your chores had on your family:

Proof of Completion: Submit a report outlining how the project benefited your family:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Requirement 5: Plan and carry out a project that involves the participation of your family.

After completing the project, discuss the following with your merit badge counselor:

- (a) The objective or goal of the project
- (b) How individual members of your family participated
- (c) The results of the project

Proof of Completion: Have a parent or guardian sign to indicate you completed the project:

Describe the project:	
Parent/Guardian full name:	
Parent/Guardian signature:	
Date:	

Each of each of the questions below:

Describe the objective or goal of the project	
Explain how individual members of your family participated	
Tell the results of the project	

Requirement 6b: Prepare a meeting agenda that includes the following topics, review it with your parents or guardians, and then carry out one or more family meetings:

- (1) How living the principles of the Scout Oath and Scout Law contributes to your family life
- (2) The greatest dangers and addictions facing youth in today's society (examples include use of tobacco products, alcohol, or drugs and other items such as debts, social media, etc.)
- (3) Understanding the growing-up process and how the body changes, and making responsible decisions dealing with sex * (* This conversation may take place with only one or both of your parents or guardians.)
- (4) Personal and family finances
- (5) A crisis situation within your family
- (6) The effect of technology on your family
- (7) Good etiquette and manners

Proof of Completion: Have a parent or guardian sign below to indicate you carried out a family meeting including the topics above:

Parent/Guardian full name:	
Parent/Guardian signature:	
Date:	