



Prerequisite Proof of Completion

Health Care Professions

Scout's name: _____

Date: _____

Troop: _____ Week: _____

Requirement 9: With approval of your counselor and parents/ guardian, serve as a volunteer at a health related event or facility in your community (e.g. blood drive, health fair, blood pressure screening event). Report to your counselor what you did and learned from the experience.

Proof of Completion: Fill out the chart below from your interview

| | |
|---|--|
| Where did you volunteer? | |
| What did you do? | |
| What did you learn from the experience? | |

Proof of Completion: Get a parent, guardian, scoutmaster or event organizer to sign off to recognize your participation.

| | |
|----------------------------|--|
| Parent/Guardian Name: | |
| Parent/Guardian Signature: | |
| Date: | |