National Park Service
U.S. Department of the Interior

Resource Stewardship Scout Ranger Program

Activity Tracking Sheet

Scout's Name: _____

Troop Name: _____

Date	Park	Park Contact	What I did	What I learned	Hours
					Total Hours

I 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.

Verifier's Signature: _____

Date: _____