On this date: ________________, (name) ________________________________, a candidate for the South Carolina’s (SCBA) Master Beekeeper Program, provided or completed an act of public service, which covered the following subject matter related to beekeeping, honey bee pollination, or honey production: (Please circle applicable areas)

1. Presenting bee-related lecture or workshop to non-beekeeping group
2. Officer in local or state beekeeping association
3. Appointment by local County Extension office or other municipal agency as expert contact on bee-related questions or issues
4. Assisting members of youth organizations with project work
5. Mentoring a new beekeeper through at least one complete season.
6. Public demonstration on beekeeping topic at fair, festival or similar public event.
7. Providing a hive of bees to pollinate a public garden.
8. Establishing and maintaining observation hive for school or civic group.
9. Other: ____________________________________________________________

Organization name: ________________________________________________________

Name of Event: ____________________________________________________________ Date: ________________

General Description of Event:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Estimated number of participants/attendees ________________

Printed Name/Title of Representative: __________________________________________

Signature of Representative: ________________________________________________

Contact Information (phone and/or email) for Signee: ________________________________

SCBA Master Beekeeper Program  Public Service Credit Form  Revision Date 08/2017