



## **Public Service Credit Form**

- 1-Master Beekeeper candidate is to complete form below.
- 2-Representative sponsoring/hosting event must sign form.
- 3-Candidate will turn in completed form to turn in on day of exam. It is recommended to make a copy for your records
- 4-Mail to Cynthia Robinson @ 343 Rainbow Circle, Clover, SC 29710 or email to SCSTATEBEEKEEPERS@GMAIL.COM.

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: \_\_\_\_\_