



Completion of Community Involvement Activities

Student: _____

Grade: _____

Organization & Description of Activity	Date & Number of Hours	Supervisors Name, Signature and Phone Number
<i>Organization:</i> <i>Description of Activity:</i>	Date: Hours : _____	Name: Signature : Phone # :
<i>Organization:</i> <i>Description of Activity:</i>	Date: Hours : _____	Name: Signature : Phone # :
<i>Organization:</i> <i>Description of Activity:</i>	Date: Hours : _____	Name: Signature : Phone # :

I verify that the following information is accurately recorded and meets the Ministry of Education guidelines: Activities may not take place during regular class hours, co-op course work or by doing duties normally performed by paid employees.

Student Signature

Date

Parent/Guardian Signature

Date

Please return this sheet to the **Guidance Office** where it will be approved by the Administrator

Administrator's Signature