



Completion of Community Involvement Activities

Student:			Principal:		
School:			Telephone:		
<i>Please submit this form to the school when you have completed 40 hours of community involvement activities, or when the principal requests it.</i>					
Activity	Number of Hours	Date of Completion	Location and Telephone Number	Supervisor's Name and Signature	Parent's/ Guardian's Name and Signature
TOTAL _____					

Student's signature

Date

For office use only

" completion has been noted on the student's OST

Signature of school official

Date

Note: Personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of administering the Community Involvement Program. Questions about this collection should be directed to the Freedom of Information and Protection of Privacy Co-ordinator.