



Completion of Community Involvement Activities

Student: _____

Grade: _____

Organization & Description of Activity	Date & Number of Hours	Supervisor's Name, Signature and Phone Number
<i>Name of Organization:</i> <i>Describe your responsibilities below:</i>	Specific Date(s): Hours : _____	Name: Signature : Phone # :
<i>Name of Organization:</i> <i>Describe your responsibilities below:</i>	Specific Date(s): Hours : _____	Name: Signature : Phone # :
<i>Name of Organization:</i> <i>Describe your responsibilities below:</i>	Specific Date(s): Hours : _____	Name: Signature : Phone # :

I verify that the following information is accurately recorded and meets the Ministry of Education guidelines (*Students and parents are reminded that the recorded activities may not take place during regular class hours, co-op course work or by completing tasks normally performed by paid employees. A complete list of ineligible activities can be obtained through the Guidance Office.*)

 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