



COMMUNITY INVOLVEMENT ACTIVITY RECORD FORM

Student Last Name:	Student First Name:	Student Number:
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The person, supervisor or organization that provides the community involvement activity will complete the appropriate sections of the form to verify that the activity has been completed. A signature is required.

COMPLETED ACTIVITY	NUMBER OF HOURS	DATE OF COMPLETION	LOCATION OF ACTIVITY	SUPERVISOR NAME & TELEPHONE NUMBER	SUPERVISOR'S SIGNATURE
TOTAL:		Information on this form is collected in accordance with the Municipal Freedom of Information and protection of Privacy Act, R.S.O. 1990 under the legal authority of the Education Act, R.S.O. 1990 and will only be used to document completion of community involvement hours.			

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:	
<input type="checkbox"/>	Completion has been noted on student's OST.
_____	_____
Signature of School Official	Date