

Community Hours - Involvement Activity Form

 Date submitted: _____ Student full name: _____
 DD-MM-YYYY

Date	# of Hours	Organization	Activity Completed	Supervisor Name and #	Supervisor Signature	Principal's Signature
Total Hours		I understand that I am responsible for this student's safety during these volunteer events and verify the completion of these hours: _____ signature of parent/guardian				

Personal information on this form is collected under the authority of the Education Act and the Municipal Freedom of Information and Protection of Privacy Act and will only be used to document completion of community involvement hours.

Office Use Only	These hours have been confirmed: _____ On OST: <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> signature of school official YYYY-MM-DD </div>
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