



COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

These activities must be completed outside regular instructional class time.



Peterborough Victoria
Northumberland and Clarington
Catholic District School Board

STUDENT NAME:				PRINCIPAL:			
*Volunteer Activity	Organization/Location	Telephone Number	***Community Supervisor's Name (PLEASE PRINT)	***Community Supervisor's Signature	Start Date MM/DD/YY	End Date MM/DD/YY	Total Hours

- * The placement must not replace someone who would normally be paid to do this type of work.
- ** Students who wish to complete activities not identified on the School Board's list of approved activities must obtain approval from the principal or designate before starting the activity. Failure to do so may result in the hours not being counted.
- *** A supervisor cannot be a parent or a member of the immediate family such as grandparents, aunts or uncles.

TOTAL HOURS _____

_____ STUDENT SIGNATURE	_____ DATE
_____ PARENT/GUARDIAN SIGNATURE	_____ 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. The information will be stored in the Ontario Student Record, O.S.R.
Users: Teacher Advisor, Community Sponsor, Principals
Copies (upon request): 1. Parent Guardian 2. Student 3. Ontario Student Record, O.S.R.
Questions about this collection should be directed to the Manager of Communications and Freedom of Information/Protection of Privacy

FOR OFFICE USE ONLY Completion has been noted on student's record.
_____ SCHOOL OFFICIAL SIGNATURE
_____ DATE