

# Community Involvement Activity Record Waterloo Catholic District School Board

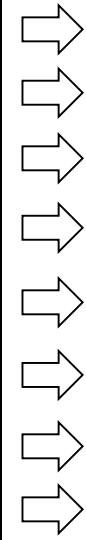


Student:		ID:	School:		
Date:	Grade:	Teacher Advisor:	Principal:	Telephone:	

## Community Involvement Activities

Please provide the information requested below about the community involvement activities in which you plan to participate.

Activity	Est. # of Hrs	Estimated Date of Completion	Organization Name & Telephone No.	Supervisor's Name	Principals Signature (if required)



## Community Involvement Activities

Date of Completion	# of Hrs	Supervisor's Signature
<b>TOTAL</b>		

Is each activity listed above identified in the Community Involvement Manual under the list of approved activities?  YES  NO  
If you checked "NO", you must obtain the Principal's signature BEFORE starting the activity (see above)

\_\_\_\_\_  
Student Signature    Date    Parent or Guardian Signature    Date

**For Office Use Only**

Completion has been noted on student's OST. \_\_\_\_\_  
Signature of School Official    Date

I confirm the above activities have been completed.

\_\_\_\_\_  
Student Signature    Date

\_\_\_\_\_  
Parent or Guardian    Date