



Date submitted : \_\_\_\_\_ Student full name: \_\_\_\_\_

MM/DD/YYYY

Date	#of hours	Organization	Location	Activity Completed	Supervisor Name	Supervisor #	Supervisor Signature	Principal Signature
<b>Total Hours:</b>			I understand that I am responsible for this student's safety during these volunteer events and verify the completion of these hours.  <div style="text-align: right;">_____</div> Signature of parent/guardian					

*Personal information on this form is collected under the authority of 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.*

<b>Office Use Only</b>	These hours have been confirmed: _____ <div style="display: flex; justify-content: space-between; align-items: center;"> <div>Signature of school official</div> <div>MM/DD/YYYY</div> </div> <div style="text-align: right;">on OST: <input type="checkbox"/></div>
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