STUDENT COMMUNITY INVOLVEMENT FORM

KEEP A COPY OF THIS FORM (A PHOTO, ETC.)

PART C: COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

STUDENT NAME: _____ **OEN:** _____

NAME OF SCHOOL: _____ **GRADE:** _____

ORGANIZATION/PLACEMENT	START DATE (M/D/YEAR)	END DATE (M/D/YEAR)	# OF HOURS	DESCRIPTION OF ACTIVITY	SUPERVISOR
					Name: _____ Signature: _____ Phone: _____ Email: _____
					Name: _____ Signature: _____ Phone: _____ Email: _____
					Name: _____ Signature: _____ Phone: _____ Email: _____
					Name: _____ Signature: _____ Phone: _____ Email: _____

_____ _____ _____ _____

STUDENT SIGNATURE **DATE** **PARENT/GUARDIAN SIGNATURE** **DATE**

Please Note: *Parents/Guardians must sign this form for students under the age of 18.*

Please attach any proof of community involvement to this form, for example a letter of reference, if available.

For Office Use Only File to the OSR

☐ Hours have been entered in the student information system.

_____

Signature of Guidance Teacher-Counsellor

For more information:

www.tcdsb.org/community-involvement