Completion of Community Involvement Activities

Student _____ Current Grade _____ Principal _____

School St. John Catholic High School Telephone (613) 267 - 4724

Students must complete 40 hours in order to meet OSSD requirements. Please submit this form to Student Services when you have community involvement activities recorded and signed. You **do not** have to have all 40 hours completed to hand in the form.
Please write legibly and complete all information.

Organization/Committee Name & Phone #	**Number of hours**	**Date(s) of Activity**	**Description of Community Involvement Activity**	**Supervisor's name printed and signature**
Example: The Pleasantville Hospital Association – 613-555-0000	12	June 20 – June 25, 2005	Painted faces at the hospital's Children's Fun Fair.	Jane Doe/
Total				

_____ _____ _____

Student's signature Date Parent's or guardian's signature

For office use only
❑ Completion has been noted on the student's OST

_____
Signature of school official