



# COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

Student	Principal
School	Telephone

Please submit this form annually to the school when the Principal requests it, or when you have completed 40 hours of community involvement activities.

Completed Activity	Location of Activity	Number of Hours	Date of Completion	Supervisor's Name and Telephone Number	Supervisor's Signature	Supervisor's Comments
<b>Total</b>						

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or guardian's signature

\_\_\_\_\_  
Date

For office use only

Completion has been noted on the student's OST.

\_\_\_\_\_  
Signature of school official

\_\_\_\_\_  
Date