



**Windsor Essex Catholic District School Board
COMMUNITY INVOLVEMENT FORM**

Name _____ Grade _____

Not Acceptable

COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITIES

Activity	No. of Hrs.	Date of Activity	Location	Phone No.	Supervisor's Name (please print)	Supervisor's Signature

TOTAL HOURS

Student Signature _____ Date _____

Parent/Guardian Signature _____
(If Student is not 18 or older)

Counsellor's Signature _____

DATE

FOR OFFICE USE ONLY: COMPLETION HAS BEEN NOTED ON STUDENT'S OST

SIGNATURE OF SCHOOL PRINCIPAL

DATE

(PLEASE READ REVERSE SIDE)