

# Community Involvement

## Activity Record

TO BE USED IN CONJUNCTION WITH THE INFORMATION MANUAL

Student:		Id:		School:	
Date:	Grade:	Teacher Adviser:		Principal:	Telephone:

### Community Involvement Activities

Please provide the information requested below about the community involvement activities in which you plan to participate.

Activity	Est. # of Hrs	Estimated Date of Completion	Organization Name & Telephone No.	Supervisor's Name	Principal's Signature (if required)

Is each activity listed above identified in the Community Involvement Manual under the list of approved activities?  YES  NO  
 If you checked "NO", you must obtain the Principal's signature BEFORE starting the activity (see above).

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**



Completion has been noted on student's OST.

Signature of School Official \_\_\_\_\_

Date \_\_\_\_\_

### Completion of Activities

Date of Completion	# of Hrs.	Supervisor's Signature



I confirm the above activities have been completed.

Student \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_