

**Record of Community Involvement Activities**

**For Office Use Only:**

\_\_\_ Completion has been noted in the student's OST

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Signature of school official

**Student:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

**Principal:** Mr. Dave Chaplin

**School:** St James Catholic Education Centre

**Phone:** 613-284-2613

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

Name of Organization/Committee	Phone Number	Number of Hours	Date(s) of activity	Description of Community Involvement Activity	Supervisor's name <b>printed</b> and <b>signature</b>

**Total Hours:** \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature