

**Steps to Completing your Community
Involvement Activity**

1. In consultation with your parents, **CHOOSE** a community involvement activity (parent signature is not required if the student is eighteen years of age or older).
2. **CONTACT** the person or organization to explore the possibility of a volunteer activity.
3. **CHECK** the Community Involvement Manual for the list of eligible activities @ www.limestone.on.ca (Our Programs / Secondary Program / Graduation Requirements / Community Involvement Manual)
4. **ENSURE** that no activities from the ineligible list appear on this form.
5. **VOLUNTEER** a minimum of **10 HOURS EACH YEAR**. Don't leave it until you are in Grade 12.
6. **COMPLETE** the Community Involvement Activity Record as you finish each activity.
7. **SUBMIT** the form to Student Services when you have completed 40 or more hours.
8. **KEEP** a copy for your own records.

Personal information contained on this form is collected pursuant to the current Education Act of the Province of Ontario and the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students. Questions about the collection of this personal information should be directed to the Freedom of Information Co-ordinator, Limestone District School Board, 220 Portsmouth Avenue, Kingston, Ontario, K7L 4X4, or (613) 544-6920, ext. 229

revised September 2011

Community Involvement Activity Record

Working Towards Your Ontario Secondary School Graduation Diploma

Name: _____

School: _____

Telephone: _____ Grade: _____

School Year: _____ Principal: _____



Our students, Our Future
Limestone District School Board
www.limestone.on.ca

NAME OF SCHOOL
40 HOUR COMMUNITY INVOLVEMENT FORM



Completion of Community Involvement Activities

Please record your volunteer activities below, once an activity has been completed. When 40 volunteer hours have been completed, submit this form to Student Services.

STUDENT NAME: _____

Activity	# of Hours	Date of Completion	Organization Name, Address and Telephone #	Supervisor's Name and Signature
TOTAL				

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE : _____ DATE: _____

FOR OFFICE USE ONLY...	
Completion has been noted on Student's OST.	
_____ Signature of School Official	_____ Date

**** Photocopy this page for your records****