

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) |
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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 | <input type="checkbox"/> Completion has been noted on student's OST. _____ <div style="text-align: right;">Signature of School Official _____ Date _____</div> |
|----------------------------|---|

| Completion of Activities | | |
|--------------------------|-----------|------------------------|
| Date of Completion | # of Hrs. | Supervisor's Signature |
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I confirm the above activities have been completed.

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|--------------------------|------------|
| Student _____ | Date _____ |
| Parent or Guardian _____ | Date _____ |