

Completion of Community Involvement Activities

| | |
|---------|-----------|
| Student | Principal |
| School | Telephone |

Please submit signed form to the school main office.

| Activity | Number of Hours | Date of Completion | Location and Telephone Number | Supervisor's Name and Signature |
|--------------|-----------------|--------------------|-------------------------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

For office use only
 Completion has been noted on the student's OST

Signature of school official

 Date

| | | | |
|---------------------|------|--------------------------------|------|
| Student's Signature | Date | Parent or guardian's signature | Date |
|---------------------|------|--------------------------------|------|