

LASALLE SECONDARY SCHOOL

Record of Community Involvement

NAME _____

School Year _____ - _____

Name of Organization or Group	Type of Work	Total Hours	Signature of Person in Charge	Phone Number of Person in Charge	Start Date D/M/Y	End Date D/M/Y	Principal's Initials
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							

Students will maintain a record of their hours as confirmed by the organization or person supervising the activities. This confirmation will include, for each activity, the name of the person, group or organization receiving the service, the dates and hours volunteered, and the signed acknowledgment of the person or representative of the organization involved.

*****YOU MUST COMPLETE A MINIMUM OF 40 HOURS COMMUNITY INVOLVEMENT FOR YOUR SECONDARY SCHOOL DIPLOMA*****

SIGNATURE OF PARENT/GUARDIAN: _____