

Virtual Learning Centre

Completion of Community Involvement Activities

Student Name (legal):	Principal Name:
School:	Student Telephone Number:

Please mail this form to the school when you have completed 40 hours of community involvement activities

Address: 230 Angeline Street South, Lindsay ON K9V0J8

Name of Organization & Activity <i>(Provide a brief description of activity)</i>	Number of Hours	Completion Date	Telephone Number & City	Supervisor's Name <i>(please print)</i>	Supervisor's Signature
Example ABC Community Soccer League Volunteer Coach, coached junior team	40	Sep 3, 2019	555-123-1234 Lindsay	Coach David Rice	<i>David Rice</i>
Total Hours					

For office use only:
Completion of hours noted on student's OST _____

Signature of School Official Date

Student's Signature Date Parent/Guardian's Signature Date