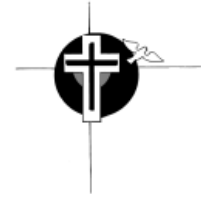




## Completion of Community Involvement Activities

**Holy Trinity Catholic Secondary School**  
**18044 Tyotown Road**  
**P.O. Box 248**  
**Cornwall, Ontario K6H 5S7**  
**Tel: (613) 936-0319      fax: (613) 936-0663**



**Student's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Please submit this form to the school when you have completed 40 hours of community involvement activities, or when the principal requests it.

| Activity | Number of Hours | Date of completion | Location and telephone number | Supervisor's name and signature |
|----------|-----------------|--------------------|-------------------------------|---------------------------------|
|          |                 |                    |                               |                                 |
|          |                 |                    |                               |                                 |
|          |                 |                    |                               |                                 |
|          |                 |                    |                               |                                 |
|          |                 |                    |                               |                                 |
|          |                 |                    |                               |                                 |
|          |                 |                    |                               |                                 |

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature  
Natalie Cameron

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Completion has been noted in the student's OSR \_\_\_\_\_