



Rainy River District School Board

Student Volunteer Hours – Community Involvement Activity

Student: _____

School: _____

Teacher Advisor: _____

Please provide the information requested below about the community involvement activity in which you plan to participate, or have participated.

Activity: _____

Date: _____

Number of Hours: _____

Date of Completion: _____

Location: _____

Supervisor's Name: _____ Telephone Number: _____

Supervisor's Signature: _____

Is the activity identified on the school board's list of approved activities? Yes No

If you indicated "No", you must obtain written approval from the principal/vice-principal (signature below) **before** starting the activity.

Principal/Vice-Principal Signature

Date

Student Signature

Date

Parent/Guardian Signature

Date

For Office Use Only

Approval granted for activity as it is not on the school board's list of approved activities

Completion has been noted on the student's OST

Signature of School Official

Date