



Cardinal Ambrozic CSS

Guidance Department Community Service Hours

Student Full Name: _____ Grade: _____

Given below is the outline of my service work proposal. I understand that I must obtain the agreement of my parent/guardian if I am under 18. I understand that if the proposed activity is not one approved by DPCDSB, I must obtain approval from my guidance counsellor **prior to** commencement of the activity. I further understand that my service responsibility includes reflection on the people and events encountered, my feelings about the service and what I learned. I acknowledge that I am required to complete **40 hours** of service as a graduation requirement.

Name and Location of Sponsoring Agency:

Description of my contribution to the community through this activity:

Number of hours completed: _____

(Supervisor Name)

(Supervisor Signature)

(Supervisor Phone Number)

(Date)

(Student Signature)

(Parent Signature)

(Date)

The area below is for office use only

This is to certify that _____ hours of community service have been recorded in the student's school file.

(Signature of School Official)

(Date)