



217 Brookbanks Drive
Toronto, Ontario M3A 2T7
Tel: 416-391-1441 Fax: 416-444-0949

PROOF OF COMMUNITY INVOLVEMENT

NAME OF PARTICIPANT _____

NAME OF ORGANIZATION _____

Address _____

Contact Person _____

ACTIVITY PERFORMED _____

DATES	HOURS

SIGNATURE OF ACKNOWLEDGMENT

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF STUDENT

DATE

- *If you have a letter from the organization, you may attach it in place of a signature.*
- *Please see Guidance if you have questions about Community Involvement.*
- ***Please hand in the completed sheet at the Main Office.***