



Community Involvement Activity Record Monsignor Doyle Catholic Secondary School



Student:		ID:	School: Monsignor Doyle C.S.S	
Date:	Grade:	Teacher Advisor:	Principal:	Telephone:

Community Involvement Activities

Please provide the information requested below about the community involvement activities in which you plan to participate.

Activity	Est. # of Hrs	Estimated Date of Completion	Organization Name & Telephone No.	Supervisor's Name	Principals Signature (if required)



Community Involvement Activities

Date of Completion	# of Hrs	Supervisor's Signature
TOTAL		

Is each activity listed above identified in the Community Involvement Manual under the list of approved activities? YES NO
If you checked "NO", you must obtain the Principal's signature BEFORE starting the activity (see above)

_____ Date _____ Date
Student Signature Parent or Guardian Signature

I confirm the above activities have been completed.

_____ Date
Student Signature

_____ Date
Parent or Guardian

**For Office
Use Only**

Completion has been noted on student's OST. _____
Signature of School Official Date