



**London District Christian Secondary School  
Completion of Community Involvement Activities**

Student Name: \_\_\_\_\_

Description of Community Involvement Activity: \_\_\_\_\_  
\_\_\_\_\_

Name of Organization: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Date Activity Conducted: \_\_\_\_\_

Total Number of Hours:

*For office use:*  
**LDCSS:** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

\_\_\_\_\_  
*Supervisor's Signature*

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

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date Submitted*



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