



**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



**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