



BROOKLYN COLLEGE

WE BELIEVE Outstanding preparation for higher learning and life

Completion of Community Involvement Activities

Student Name: _____

Principal: Amy Patel

School: Brooklyn College

Telephone: 416-773-1322

This form must be submitted annually to the principal or to the teacher designated to the principal. The submission date will be determined by the school principal. The information will be placed in the student's Ontario Student Record folder.

Supervisor Information

Name: _____ **Telephone:** _____

Address: _____

Comments: _____

Signature: _____ **Date:** _____

Please provide a detailed explanation of the volunteer activities you completed.

Number of Hours: _____ **Date of Completion:** _____

Student Signature: _____ **Date:** _____

Total hours to Date: _____

This information is being collected pursuant to the Policy/Program Memorandum No. 124A under the authority of The Ministry of Education. The information will be used to document the Community Involvement Diploma Requirement. Questions should be directed to the school.

Office Use Only
Completion has been noted on student's OST [] Signature: _____ Date: _____