



St. Michael Catholic Secondary School

9130 Columbia Way, Bolton, ON L7E 4G6

905-951-8935

Community Service Hours

Student Name (please print): _____

Students must complete 40 hours of recorded community service as a graduation requirement.

Christian Community Service Experience Learning to Serve – Serving to Learn

Given below is the outline of my service work proposal. I understand that I must obtain the agreement of my parent/guardian if I am under 18. I understand that, if the proposed activity is not approved by the Dufferin-Peel CDSB, I must obtain approval from the Principal prior to commencement of the activity. I further understand that my service responsibility includes reflection on the people and events encountered, my feelings about the service and what I learned.

Name and Location of Sponsoring Agency

Description of my contribution to the community through this activity:

Signature of Student: _____

Signature of Parent: _____

This is to certify that the above named student has completed _____ hours of the community experience outlined above.

Date Completed: _____

Service Supervisor (please print name and phone number): _____

Service Supervisor's Signature: _____

Signature of School Official: _____ Date Entered: _____