

Rainy River High School Notification of Planned Community Involvement Activity



Student Name Please provide the information requested below about the community involvement activity in which you plan to participate. Please print neatly.					
Activity organization/location:					
Activity Supervisor:	Supervisor's phone:				
Activity Description:					
Estimated hours:	Estimated c	ompletion date:			
Is the proposed activity on the School Boar	d's list of app	proved activities? \Box Yes \Box No			
If the activity is not on the approved list, ye or Vice Principal (signature below) before s		•• •			
Principal or Vice Principal signature		Date			
Stated simple		D			
Student's signature		Date			
Parent or Guardian signature		Date			
When the portion above is filled in, the stude parental approval verified before beginning Report of Completion of a	the activity.				
This is to verify that the student named abo activity as described on this form.	ve has compl	eted the Community Involvement			
Hours of Community Activity:	Date	Date of Completion:			
Supervisor's name		Supervisor's signature			
This completed form is to be returned to hours will be recorded. Forms must be completion of the activity.					
Office use only	Data	Initiala			
\Box hours recorded	Date:	Initials:			

Use the form below to record time for ongoing volunteer activities and submit this form with the "Notification of Planned Community Involvement Activity" form. This form must be completed and initialed to receive credit for the associated community hours.

Date	Activity	Hours	Supervisor's Initials
	Total Hours:		