



ST. JOSEPH SECONDARY SCHOOL

5555 Creditview Road, Mississauga, ON, L5V 2B9

Phone: (905) 812-1376 Fax: (905) 812-0812

CHRISTIAN COMMUNITY SERVICE LEARNING TO SERVE AND 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 one 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 & Location of Sponsoring Agency:

Description of my contribution to the community through this activity:

Number of Hours: _____

(Signature of Principal)

(Signature of Student)

(Signature of Parent - if required)

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

(Date Completed)

(Supervisor's Name)

(Phone Number)

This is to certify that _____ hours of Christian Community Service have been recorded in the student's school file.

(Signature of School Official)

(Date)

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