

Student Name (please print) _____

**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 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

Estimated Number of Hours _____

Signature of Principal (if required)

Signature of Student

Signature of Parent

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

Date Completed

Service Supervisor (name & phone number)

Service Supervisor's signature

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

Signature of School Official

Date Entered

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