

MARYMOUNT ACADEMY
Record Of Community Involvement
40 hours required for OSSD

Student: _____

Homeroom # & Teacher: _____

ACTIVITY	NUMBER OF HOURS	START DATE Mo/Day/Year	COMPLETION DATE	LOCATION & PHONE NUMBER	SUPERVISOR'S NAME/SIGNATURE
TOTAL HOURS					

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____