



Monsignor Paul Dwyer Catholic High School

COMMUNITY INVOLVEMENT RECORD

Total Hours: _____

All Community Involvement Activities **MUST be PRE-APPROVED** by a Guidance Counsellor
Before you begin the activity or the hours **WILL NOT** be approved.

Student Name: _____	Date of Birth: _____
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"NEW" Pre-Approved By Counsellor	NAME OF Organization Duties **	Contact Person	Contact Phone & Address	Total Hours	Dates & Times	Contact Person's Signature	Contact Person's Comments
	<i>Example:</i> Msgr Paul Dwyer CHS Selling items at the book fair	Mrs. J. Smith Resource Teacher	905-723-5255 700 Stevenson Rd.	10	JUN 1/14 5-9 JUN 2/14 7-9		

See back for guidelines * *

Guidance Counsellor: _____ Date Entered _____