



BLESSED TRINITY CATHOLIC SECONDARY SCHOOL

145 Livingston Avenue
Grimsby, Ontario
L3M 5J6

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COMPLETED CHRISTIAN COMMUNITY SERVICE

Student Name _____

Home Phone # _____

Religion Teacher _____

Grade: 9 10 11 12

Semester: 1

2

Date(s) of Activity	Name of Organization	Description of the Activity/Service	# of Hours	Supervisor's Name	Supervisor's Signature	Phone #
TOTAL NUMBER OF HOURS						

Student Signature _____

Parent/Guardian Signature _____

Religion Teacher Signature _____

Due Date _____

For Office Use Only:

Completion of Community Service Noted on OST:

Signature of School Official

Date

PLEASE MAKE A COPY FOR YOUR RECORDS

REVIEW YOUR FINAL REPORT CARD FOR CONFIRMATION OF VOLUNTEER HOURS