



BLESSED TRINITY CATHOLIC SECONDARY SCHOOL

145 Livingston Avenue

Grimsby, Ontario

L3M 5J6

Phone : (905) 945-6706

Fax: (905) 945-2205

blessedtrinitycss.ca@ncdsb.com



COMPLETED CHRISTIAN COMMUNITY SERVICE

Student Name _____

Home Phone # _____

Religion Teacher _____

Grade: 9 10 11 12

Semester: 1

2

STEP 1 Ensure that your community service is eligible before doing your placement.

STEP 2 Complete **ALL** the information requested below **LEGIBLY**. Incomplete forms will ***not*** be processed.

STEP 3 *Make a copy of this form for your records.*

STEP 4 Submit your completed form to your religion teacher or to the main office after your placement has been completed.

ANY DENIED HOURS WILL BE COMMUNICATED TO YOUR NIAGARA CATHOLIC EMAIL ADDRESS

| 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

REVIEW YOUR FINAL REPORT CARD FOR CONFIRMATION OF VOLUNTEER HOURS