



BLESSED TRINITY CATHOLIC SECONDARY SCHOOL

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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