

**NOTIFICATION OF PLANNED COMMUNITY INVOLVEMENT ACTIVITY**

**THIS SECTION MUST BE COMPLETED BEFORE STARTING VOLUNTEER WORK**

Name of Organization or Group:

--

Address:

Telephone:

--	--

Tasks:

--

Estimated Number of Hours:

Estimated Completion Date:

--	--

Supervisor/Person Contacted:

Date:

--	--

Parent or Student (18) Signature:

Date:

--	--

Principal/Designate Signature:

Date:

--	--

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Parent or Student (18) Signature:

Date:

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Principal/Designate Signature:

Date:

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**COMPLETION OF COMMUNITY INVOLVEMENT ACTIVITY**

**THIS SECTION SIGNED AFTER VOLUNTEER WORK IS COMPLETED**

Name of Organization/Group:

--

Address:

Telephone:

--	--

Tasks:

# of Hours Completed

--	--

Student's Name:

--

Supervisor's Signature :

Date:

--	--

Parent or Student (18) Signature:

Date:

--	--

Signature of School Official:

Date:

--	--

Completed hours noted on the Student's Transcript.

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