

COMMUNITY INVOLVEMENT HOURS

LOG FORM

OFFICE USE ONLY	Student Name:
Total Accumulated Hours	School Year:
as of has	

Specific community	Number	Name of person or organization		Confirmation signature		
involvement activity	of hours	receiving the activity	Date(s)	by the supervisor	Parent Signature	Student signature

Please return form to Collège Sturgeon Height Collegiate office. 2665 Ness Avenue Winnipeg, MB R3J 1A5