

Section 3: Community Service Organization Information										
Organization Name:										
Mentor Last Name:						Mentor First Name:				
Phone Number:						Email:				
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Phone Number:						Email:				

Attach additional pages if needed.

Student	Signature	Day	Month	Year
Parent/Guardian	Signature	Day	Month	Year
Principal or Designate	Signature	Day	Month	Year

Note:
*The Plan must be completed and approved prior to the student beginning the Volunteerism Credit hours.
 A copy of the signed and completed Plan, Student Log, and Communication Record are to be submitted with Form 8.1 Secondary Level Non-Academic Courses New Mark Addition to the Ministry of Education upon successful completion.
 A copy of the signed and completed Plan, Student Log, and Communication Record are to be kept on file at the school and Division for five years.*

