

St. Joseph - Scollard Hall Golden Touch Program

Student Name: _____

Grade: _____

Golden Touch Coordinator : Mr. Travers (494-8600 ext: 3233)

Please fill in the Table with the necessary information: (more forms are available in Student Services)

<i>Description of Activity</i>	<i>Number of Hours</i>	<i>Date of Completion</i>	<i>Location and Telephone Number of Person / Organization ***</i>	<i>Supervisor's Name</i>	<i>Supervisor's Signature</i>
Total Hours					

*****It is recommended that you hand in this form at least once for every month that you do volunteer activities.*****

Student's Signature

Date

Parent /Guardian Signature

Date