

St. Joseph - Scollard Hall Golden Touch Program

Planned Community Service Activities for the year: _____

Student Name: _____

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

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

<i>Description of Activity</i>	<i>Estimated Number of Hours</i>	<i>Estimated Time of Completion</i>	<i>Location and Telephone Number of Person / Organization ***</i>	<i>Supervisor's Name</i>	<i>Golden Touch supervisor's signature if the activity is not on the list of approved activities.</i>

It is recommended that you complete at least:
10 hrs by the end of *grade 9*
20 hrs by the end of *grade 10*
30 hrs by the end of *grade 11*
40 hrs by the end of *semester 1 in your grade 12 year.*

Is each of the planned activities on the School Board's list of approved activities? Yes No

If you are not sure or if you indicated "NO" to any of your planned activities, you must get approval from the Golden Touch Coordinator before you complete the activity.

Student's Signature

Date

Parent /Guardian Signature

Date

*** Any personal information collected on this form is for the purpose of tracking completed volunteer hours only and will not be shared with other organizations.
It is collected under the Education Act and is used solely in the discharge of the school's responsibility.