



St. James Catholic High School
Community Service Hours Form

WE ARE CALLED TO SERVE

“Love seeks to serve; Love cannot remain by itself - it has no meaning. Love has to be put into action and that action is service”.

Mother Theresa

Student Name (PRINT) (Gr.) Student Signature

ELIGIBLE ACTIVITIES. Other activities not on this list may also be eligible.		
Academic Tutorial Assistance	City of Guelph Community Services	Hospital, Nursing Home Volunteer Work
Action Read	Community Committees	Kidney Foundation
Aiding Senior and Handicapped citizens	Day Care Centres	Knights of Columbus
Alzheimer’s Society	Development & Peace	Local Parishes
Big Brothers/Big Sisters	English as a Second Language Tutoring	Libraries
Charity Bingos	Environmental Clubs	Neighborhood Groups: Eg., Onward Willow
Blood Donor Clinics	Family & Children Services	Science Fairs
Brownies, Cubs, Scouts, Guides	Food Bank	School Co-curricular Clubs
Canadian Cancer Society	Fundraising Activities	Service Clubs (bona fide)
Canadian Diabetes Association	Right to Life Association	United Way
Canadian Red Cross	Guelph Services for physically disabled	Women’s Shelters
Coaching & Refereeing Youth Sports	Heart & Stroke Foundation of Ontario	YM/YWCA

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the authority of the Wellington Catholic District School Board’s Freedom of Information Policy. Further information regarding this information collection is available from the Principal of the school or the Freedom of Information Officer.

COMMUNITY INVOLVEMENT ACTIVITIES

ACTIVITY #1

PLACEMENT	
PRINT Name of Supervisor	
Supervisor’s Signature	
Supervisor’s Phone #	
Start Date	
End Date	
Number of Hour	
Number of	



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Minutes	
Activity	

...turn over and list further activities (if applicable)

COMMUNITY INVOLVEMENT ACTIVITIES

ACTIVITY #2

PLACEMENT	
PRINT Name of Supervisor	
Supervisor's Signature	
Supervisor's Phone #	
Start Date	
End Date	
Number of Hour	
Number of Minutes	
Activity	

ACTIVITY #3

PLACEMENT	
PRINT Name of Supervisor	
Supervisor's Signature	
Supervisor's Phone #	
Start Date	
End Date	



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Number of Hour	
Number of Minutes	
Activity	

PARENT/GUARDIAN SIGNATURE DATE