

## Steps to Completing your Community Involvement Activity

1. In consultation with your parents, **choose** a community involvement activity (parent signature is not required if the student is eighteen years of age or older).
2. **Contact** the person or organization to explore the possibility of a volunteer activity.
3. **Check** the Community Involvement Manual for the list of eligible activities online at [limestone.on.ca](http://limestone.on.ca)
4. **Ensure** that no activities from the ineligible list appear on this form.
5. **Volunteer** a minimum of **10 hours each year**.  
Don't leave it until you are in Grade 12.
6. **Complete** the Community Involvement Activity Record as you finish each activity.
7. **Submit** the form to Student Services once activity has been completed.
8. **Keep** a copy for your own records.

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Personal information on this form is collected pursuant to the current Education Act of the Province of Ontario and the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students. Questions about the collection of this personal information should be directed to the Freedom of Information Coordinator, Limestone District School Board, 220 Portsmouth Avenue, Kingston, Ontario, K7M 0G2, (613) 544-6920.

*revised January 2026*

# Community Involvement Activity Record

## Working Towards Your Ontario Secondary School Graduation Diploma

Name: \_\_\_\_\_

School: \_\_\_\_\_

Telephone: \_\_\_\_\_ Grade: \_\_\_\_\_

School Year: \_\_\_\_\_ Principal: \_\_\_\_\_

**Our Intention:** To make a positive difference in the lives of every student, in every classroom, in every school.

See Yourself in Limestone



# Limestone District School Board

## Community Involvement Activity Record

Please record your volunteer activities below, once an activity has been completed. When 40 volunteer hours have been completed, submit this form to Student Services. **\*\* Photocopy completed document for your records\*\***

Student name: \_\_\_\_\_

Activity	# of Hours	Date of Completion	Organization Name, Address and Telephone #	Supervisor's Name and Signature
TOTAL				

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b> Completion has been noted on Student's OST.	
_____ Signature of School Official	_____ Date

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