

# FORT LA BOSSE SCHOOL DIVISION

TITLE – **Community Service Student-Initiated Project (SIP) Approval Form\*** POLICY -IMBAA-E-1

Approval Date - 22/09/03

Cross Reference -

Resolution # - 285/03

Implementation - 22/09/03

Legal Reference - Increasing Choice and Flexibility: Changes to Senior Years Graduation Requirements Status Report ME&Y, June 2002

Last Reviewed -

## Fort La Bosse School Division

### Community Service Student-initiated Project (SIP) Approval Form

The Community Service Student-initiated Project (SIP) Credit Option enables students who make a contribution to their community by volunteering for worthwhile causes or organizations to receive recognition for the civic skills, knowledge and attitudes obtained in the volunteer activity.

The volunteering done by students participating in this SIP is not the responsibility of the school, school division or Manitoba Education, Training and Youth but an opportunity made available to students to obtain credit for private activity - a process similar to obtaining credit for the Private Music Option where students provide documentation on their standing to the school following completion of the activity.

#### Student Information: (to be completed by Student)

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

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

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Community Organization/Group Name: \_\_\_\_\_

#### Outcomes Achieved: (to be completed by Student)

Civic knowledge, skills and attitudes obtained during this volunteering activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remuneration (payment) is not permissible I was paid \_\_\_\_ /not paid \_\_\_\_ for the community service work.

Commencement Date \_\_\_\_\_ Completion Date: \_\_\_\_\_

Number of Hours of Volunteer Time: (minimum 55 hrs. - .5 credit and minimum 110 hrs. - 1 credit) \_\_\_\_\_

**Community Service Information: (to be completed by Community Service Organization/Group)**

I confirm that the above stated information is true.

Contact Person Name (please print): \_\_\_\_\_

Contact Person Signature Approval (signature): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone : \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Credit Approval: (to be completed by School)**

Community Service Credit Value: *5 or 1.0* Course Level: 11G 21G 31G 41G  
*(Circle one only)* *(Circle one level only)*

**Signatures: (to be completed by Parent, Student, School)**

Signature of Parent: \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date : \_\_\_\_\_

