

Community Service Student-Initiated Project (CSSIP)



School Approval Form

IMPORTANT: For optimal use of this PDF form, download it to your digital device and complete it using Adobe Acrobat Reader or another Adobe Acrobat product. A free copy of Adobe Acrobat Reader can be downloaded at <https://get.adobe.com/reader/>.

The CSSIP credit option enables students who make a contribution to their community by volunteering for worthwhile causes or organizations to receive recognition for the civic knowledge, skills, and attitudes obtained in the volunteer activity.

The volunteering done by students participating in this CSSIP is not the responsibility of the school, school division/district, or Manitoba Education and Early Childhood Learning; it is an opportunity made available to students to obtain credit for private activity. Students provide documentation on their project completion to the school following completion of the activity.

Student Information *(to be completed by student)*

Student Name

School Attended

School Address

City/Town

Province Postal Code

Telephone

Email

Fax

Community Service Organization/Group Name

Learning Outcomes Achieved *(to be completed by student)*

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

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)*:

Signature of Contact Person

Date:

Address

City/Town

Province Postal Code

Telephone

Email

Fax

Commencement Date

Completion Date

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Credit Approval *(to be completed by school)*

Number of Hours of Volunteer Time (minimum 55 hrs. – 0.5 credit and minimum 110 hrs. – 1 credit):

Community Service Credit Value:	0.5	or	1.0	Course Level:	11G	21G	31G	41G
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Signatures *(to be completed by parent/caregiver, student, school)*

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

Signature of Student _____ Date: _____

Signature of Parent/Caregiver _____ Date: _____

Signature of School Contact Person _____ Date: _____