

Windermere Secondary School

3155 East 27th Avenue
Vancouver, B.C. V5R 1P3
TEL: 604-713-8180
FAX: 604-713-8170

Work or Volunteer Experience Form Record of Community Connections

I would like to confirm that _____ has completed _____ hours

of Community Service. **Student #** _____ **Graduation Year:** _____.

Organization/Business Name: _____

The specific job or duty performed in/for the community was:

The service activity began on _____ and ended _____

Name of Supervising adult: _____

Contact phone number of Supervisor: _____

Email of Supervisor: _____

Performance comments (optional):
