



VANCOUVER COLLEGE

5400 CARTIER STREET, VANCOUVER BC V6M 3A5
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ATTENTION: To Whom It May Concern
DATE: 2009 - 2010 School Year

FROM: Student Services
SUBJECT: PASSPORT TO EDUCATION HOURS

Kindly complete the form below and submit directly to Ms. K. Castelino in the Administration Office. Thank you for your cooperation and assistance.

PASSPORT TO EDUCATION SERVICE HOURS INFORMATION AND CERTIFICATION			
STUDENT'S NAME:	GRADE:	STUDENT ID:	
NAME OF GROUP OR ORGANIZATION:	NO. OF IN SCHOOL SERVICE HOURS (MAX. 25 HRS):	NO. OF COMMUNITY SERVICE HOURS (MAX. 50 HRS):	
DESCRIBE TYPE OF COMMUNITY /VOLUNTEER WORK PERFORMED: (IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET)			
OTHER IMPORTANT INFORMATION OR COMMENTS:			
<i>I hereby certify that the above information is accurate and true.</i>			
SUPERVISOR'S NAME:	SIGNATURE:	DATE:	TEL:
IN-SCHOOL SUPERVISOR'S NAME:	SIGNATURE:	DATE:	TEL:
PARENT'S NAME:	SIGNATURE:	DATE:	TEL:
FOR OFFICE USE ONLY:		DATE RECEIVED:	

IF INVOLVED WITH MORE THAN ONE ORGANIZATION, PLEASE USE A SEPARATE SHEET FOR EACH ORGANIZATION TO RECORD COMMUNITY SERVICE HOURS AND IN-SCHOOL HOURS.