



**Beaver Brae Secondary School
Community Involvement
Organization Request for Approval**

Name and Type of Organization: _____

Contact Person: _____

Phone Number and Address of Contact Person:

On-going activities: Would you like to be kept on our list from year to year? _____

One time Opportunity:

of Volunteers Needed: _____

Duration of Activity: _____

of Hours (approx.): _____

Specific list of duties to be performed by the student:



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Will the student be running or operating any equipment/machinery? If yes, please list below:

Does the student require any training (please list)? If so, does your organization provide the training?

Please be advised that your request is subject to the approval by the Principal of Beaver Brae Secondary School and/or the Keewatin-Patricia District School Board. Once the activity or group has been approved, we will contact you.

Thank you for your time and interest in our students.

For Office Use Only: To be signed once activity has been approved