



Beaver Brae Secondary School  
Community Involvement  
Organization Request for Approval

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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:

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

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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.

Thanks for your time and interest in our students.

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

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Principal Signature	Date
Comments:	
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