

**COMMUNITY PARTICIPATION
MONTHLY ACTIVITY LOG**

Start Date: _____

End Date: _____

<i>This section to be completed by Ontario Works staff</i>	
Name of Volunteer:	Member ID.:
Name of Organization/Agency:	Placement ID/Order Number:
Organization/Agency Contact:	<input type="checkbox"/> WSIB <input type="checkbox"/> ACE
Number of Hours Worked _____ for Month of _____ <i>Please note: a person cannot volunteer more than 70 hours per month.</i>	

<i>This section to be completed by an Agency staff person</i>	
	If NO, please add comments
Volunteer has attended scheduled hours as required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer is always on time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer is progressing at this placement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer is showing good work habits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____ _____ _____ _____ _____ _____ _____	

_____ (Signature of Volunteer)	_____ (Date)	_____ (Signature of Supervisor)
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Instructions: This form must be received in Employment Services by the 1st day of the following month.
 Submit to: Ontario Works, City and County of Peterborough, 178 Charlotte Street, 2nd Floor, or Fax to (705) 742-0542,
 or Mail to: *Employment Services, Ontario Works Peterborough, 178 Charlotte Street., Peterborough, Ontario, K9J 8S1*
 (allow appropriate time for mail)