



**Templeton Secondary School**  
727 Templeton Drive  
Vancouver, BC V5L 4N8  
Phone: 604-713-8984 Fax: 604-713-8983

## Graduation Transitions Assignment #2

### Topic: Community Connections

Complete the entire assignment and submit it to Mr. Mann by February 22, 2019

#### Part 1: Work/Volunteer Experience:

Complete at least 30 hours of work experience and/or community service (working in a job and/or volunteering). If you have a job, submit a copy of a recent pay stub. If you are volunteering, attach a letter from a supervisor outlining hours of service and your role. Alternately, you can use the form on p.2 of this assignment to document work/volunteer time.

#### Part 2: Community Connections:

1. Write an essay about your job/volunteering. Describe the duties of your job/volunteering. In detail, what did you do? What equipment did you use? What kind of training did you receive to perform your tasks? What kind of communication skills did you use? What did you feel was rewarding? What kinds of personal qualities did it take to be successful in your work/volunteering? Write 1-2 pages about the above questions.
2. What have you learned from working or volunteering as *life skills*? *Life skills* refer to abilities used to manage and run your life. How do these *life skills* transfer to other parts of your life? Your reflection should be about 1 page in length.
3. In what ways does your job or volunteering benefit the community? Write 1 page about it.

# TEMPLETON SECONDARY SCHOOL

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website: <http://templeton.vsb.bc.ca>

To Whom It May Concern:

As part of the graduation requirements, students are required to accumulate at least 30 hours of either work experience or community service (volunteer) time while in grade 11/12. Please indicate, in the spaces below, your organization, contact information, and the number of hours of work experience or community service the student has completed. Thank you very much for your assistance in filling out this form!

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Student's Name	
Organization	
Contact Number	
Nature of Service (Job Title)	
Number of Hours	
Months of Service	

Name of Contact: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_