CIP

Name of Activity: _____

Activity Type (tick one):

Administrative/ Clerical		Collecting		General cleaning/ Litter picking	
Befriending/ Interacting		Fund raising		Guiding	
Buddy system / mentoring		Gardening		IT-related	

Sector (tick one):

Children, Youth & Family Services		Elderly		Heritage & Arts	
Community		Environment		Overseas	
Disability		Health-related		School	

Organisation: _____

Duration: _____

Date of Event: _____

Participant Details:

IC No	Name	Class

Name and Signature of Teacher IC: _____

* If CIP is not organized by school, please attach letter from the relevant organization as evidence of service rendered. No teacher's signature is required when letter is attached.