

Community Service - Career Connections

Orchard View High School 16 N. Quarterline Rd. Muskegon, MI 49442 (231) 760-1400

Student Name:		Graduation Ye	
Supervisor:		Phone:	
Name of organization or	location where volunteer service/j	ob shadow was performed:	
Responsibilities:			
Total hours engaged:	Date of volunteer service or jo (if activity was performed on more than one date please use LOG on back of this		
Volunteer guideline	9S		
• must be stri	ctly voluntary – NO PAY or COMPEN	NSATION of any kind	
	e outside of standard school day (,	
• must be for	a non-relative		
A business of	annot profit from your efforts.		
Job shadow guideli	nes		
• must be pre-	-approved by administration or sch	nool counselor. Up to 8 hours.	
• If scheduled work.	during the school day, the studen	t is responsible for missed	
	the above stated number of hours as nard View High School.	part of my career connection	
Student's Signature	9	Date	
shadow on the date s	e named student did perform the afor stated. I further confirm the student's int of time indicated is accurate.	, •	
Supervisor's Signat	ture	Date	
• I have reviewed an	d approve the above for the required	Career Connection hours.	
Administrator's App	proval	Date	
All hours must be co	mpleted before the first Friday after s	snring break of a student's senior	

All hours must be completed before the first Friday after spring break of a student's senior year.



Orchard View High School Community Service - Career Connection Hours Page 2 - Log Sheet

Please use this to log accumulated hours performed over a period of time at the same site or for the same organization as listed on the front of this form.

DATE	START TIME	END Time	# OF HOURS	ASSIGNMENT / ACTIVITY
TOTAL I	 HOURS ACC	 UMULATED		
		\rightarrow		
Organiz	zation Conta	act Person S	 Signature	Date

• Front of form must be completed and signed.

All hours must be completed before the first Friday after spring break of a student's senior year.