

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 l	location where volunt	eer service/job shadow wa	s performed:
Responsibilities:			
Fotal hours engaged:	Date of volunteer (if activity was performe one date please use LOG		
Volunteer guideline	s		
• must be stric	ctly voluntary – NO PA	Y or COMPENSATION of an	y kind
• must be done	e outside of standard	school day	
• must be for a	a non-relative		
A business ca	annot profit from you	r efforts.	
Job shadow guidelii	nes		
• must be pre-	approved by administ	ration or school counselor	•
• If scheduled work.	during the school day	, the student is responsib	le for missed
	the above stated numberard View High School.	er of hours as part of my car	eer connection
Student's Signature		Date	
shadow on the date s	=	form the aforementioned vol the student's performance v ccurate.	
Supervisor's Signat	ure	Date	
• I have reviewed and	d approve the above for	the required Career Connec	tion hours.
Administrator's App	proval	Date	
All hours must be con	mpleted before the first	Friday after spring break of	f 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 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.