

Career Connections

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

Student Name:			Graduation Ye
Supervisor:		Phone:	
ame of organization or lo	ocation where volu	nteer service/job shadow wa	s performed:
Responsibilities:			
otal hours engaged:	(if activity was perfor	r service or job shadow: med on more than OG on back of this form)	
Volunteer guidelines			
• must be strict	ly voluntary – NO F	PAY or COMPENSATION of an	y kind
• must be done	outside of standar	d school day	
 must be for a 	non-relative		
• A business ca	nnot profit from yo	our efforts.	
Job shadow guidelin	es		
• must be pre-a	pproved by adminis	stration or school counselor	•
 If scheduled d work. 	luring the school d	ay, the student is responsibl	le for missed
• I confirm I worked to requirement for Orcha		ber of hours as part of my car	eer connection
Student's Signature		Date	
	ated. I further confi	erform the aforementioned vol rm the student's performance v accurate.	
Supervisor's Signatu	ire	Date	
• I have reviewed and	approve the above fo	or the required Career Connec	tion hours.
Administrator's Appr	roval	Date	
All hours must be com	inleted before the fir	st 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	<u> </u> Umulated		
		\rightarrow		
Organiz	ation 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.