



Career Connections

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

Student Name:		Graduation Year:
Supervisor:		Phone:
Name of organization or location where volunteer service/job shadow was performed:		
Responsibilities:		
Total hours engaged:	Date of volunteer service or job shadow: (if activity was performed on more than one date please use LOG on back of this form)	

Volunteer guidelines

- must be strictly voluntary – NO PAY or COMPENSATION of any kind
- must be done outside of standard school day
- must be for a non-relative
- A business cannot profit from your efforts.

Job shadow guidelines

- must be pre-approved by administration or school counselor
- If scheduled during the school day, the student is responsible for missed work.

• I confirm I worked the above stated number of hours as part of my career connection requirement for Orchard View High School.

Student's Signature

Date

• I confirm the above named student did perform the aforementioned volunteer work/job shadow on the date stated. I further confirm the student's performance was satisfactory in nature and the amount of time indicated is accurate.

Supervisor's Signature

Date

• I have reviewed and approve the above for the required Career Connection hours.

Administrator's Approval

Date

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 HOURS ACCUMULATED				
			→	

Organization Contact Person 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.