**OHS Community Connection** TIME CARD

Alex Mercado, Orland High School Principal

101 Shasta Street

Orland, CA 95963

(530) 865-1210 x111 **Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Volunteer Name (Print):**

**Organization:** **Supervisor:** Telephone #:

**MUST BE AN OHS APPROVED ORGANIZATION TO COUNT FOR THE OHS COMMUNITY CONNECTION REQUIREMENT!**

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| --- | --- | --- | --- | --- |
| Date | Start Time | | End Time | Total Hours per Day |
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| **TOTAL HOURS FOR THE MONTH:** | | | |  |

Student Signature: Date:

Supervisor Signature: Date:

**Organization/Supervisor Instructions:**

1. **Please sign the time card once the student volunteer has completed all hours for the month.**
2. **The student should provide you with a new time card each month.**

Comments or feedback about student volunteer or OHS Community Connection Program:

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