**A.V.U.H.S.D. Regional Occupational Program TIME CARD REQUIRED FOR COMMUNITY SERVICE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student (last, first name) Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_HOSA Teacher **Mrs. Brooks** Week of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE**  **Ex: 1/1/07** | **DAY** | **Scheduled Number of Hours** | **Start**  **Time**  **Hr:Min** | LUNCH BREAK **½ Hour or More** | | LeaveTime **Hr:Min** | **Total daily hours**  **Hrs: Min** | | **Supervisor’s**  **Signature**  **(Daily)** |
| **Time Out**  **Hr:Min** | Time InHr: Min |  |  |  |
| / / | MON |  | : | : | : | : | : | |  |
| / / | TUES |  | : | : | : | : | : | |  |
| / / | WED |  | : | : | : | : | : | |  |
| / / | THURS |  | : | : | : | : | : | |  |
| / / | FRI |  | : | : | : | : | : | |  |
| / / | SAT |  | : | : | : | : | : | |  |
|  | SUN |  | : | : | : | : | : | |  |

**Student Signature: Teacher Verification:**

**Time is required to submit for Community Service section for National Service Project (Portfolio) and the Barbara James Service Award.**

**Weekly** **Total\_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_**

Hrs: Min:

Must show dates & hours

* Location:
* Learning outcomes: (At least 3 items) Write on another sheet of paper and staple to timesheet
* The summary should describe what the HOSA member did, and how the member’s efforts benefited the community at large.

**NOTE: Not all volunteer hours provide community service. Only community service hours will be accepted.**

**Examples of Approved Community Service:**

• Hospital/health facility volunteer

• Rescue squad volunteer

• Volunteer at Special Olympics

• Church activities that serve the community at-large

• Fundraising for charity or the community (American Red Cross, March of Dimes, Afghanistan Children’s Fund, Salvation Army, etc.)

• Hospice volunteer

• Volunteer at a senior center

• HOSA activities that serve the community - in the community

• Community service with another volunteer agency

**Examples** of volunteer activities that are **NOT** approved for this award:

• Activities at school or during school hours

• Activities done as a school assignment, even if performed outside of school hours

• Service to a church (singing in the choir, teaching Sunday School, activities for the congregation, etc.)

• Fundraising or service to an organization to which the member belongs

• HOSA activities that promote HOSA (parade float, fair booth, etc.)

• Activities as part of the HOSA National Service Project

* Certificates will be awarded to all individual HOSA members who complete a minimum of fifty (50) hours of community service from the last day of the State Leadership Conference through the state conference at which the Barbara James Service Award is judged.
* **ALL HOSA members who complete the Barbara James Service Award with 100 or more hours of community service will also earn the President's Volunteer Service Award**.