



Clínica Msr. Oscar A. Romero Community Health Centers

Volunteer/Internship Hours Log

Name: _____ Site of Service: _____ Preceptorship Internship

DATE	TIME IN	TIME OUT	DESCRIBE ACTIVITY	TOTAL HOURS	INITIAL

Total Hours: _____

SUPERVISOR NAME: _____ DEPARTMENT: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

PRECEPTEE/ INTERN SIGNATURE: _____ DATE: _____

Pico-Union/Westlake: 123 SOUTH ALVARADO ST., LOS ANGELES, CA 90057. TEL: 213 989-7700, FAX: 213 989-7702
Boyle Heights/East Los Angeles: 2032 MARENGO ST., LOS ANGELES, CA 90033. TEL: 323 987-1030, FAX: 323 221-4528

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