AmeriCorps
Member Service Log

I,_____
accompanied this member during the following dates:
_____to_____.

_____
Signature Date

Name_____

Service for the week(s) of_____

Date	Activity Code	Location	Morning Hours			Afternoon Hours			Total Hours	Activity Hours		
			Time In	Time Out	# of Hours	Time In	Time Out	# of Hours		Fund Raising	Training	Direct Service
									Total Hours			

Member Signature Date

Site Supervisor Signature Date