AmeriCorps Member Service Log

For program administration use only

Entered into WBRS on _____
Initials _____

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**