

AMERICORPS PROJECT YES! 2016/2017 TIME SHEET

WEEK	9/29/16 to 10/12/16	MEMBER NAME	
-------------	---------------------	--------------------	--

DATE	TIME IN	TIME OUT	MEMBER SERVICE	DIRECT SERVICE	FUND-RAISING	SERVICE ACTIVITIES
THUR						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
09/29						

FRI						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
09/30						

SAT						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/01						

SUN						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/02						

MON						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/03						

TUES						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/04						

WED						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/05						

MEMBER NAME: _____

WEEK OF: 9/29/16 to 10/12/16

DATE	TIME IN	TIME OUT	MEMBER SERVICE	DIRECT SERVICE	FUND-RAISING	SERVICE ACTIVITIES
THUR						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/06						
FRI						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/07						
SAT						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/08						
SUN						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/09						
MON						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/10						
TUES						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/11						
WED						Supervised by: <input type="checkbox"/> In-Class Support <input type="checkbox"/> Out-of-Class Support <input type="checkbox"/> Community Meeting <input type="checkbox"/> School Meeting <input type="checkbox"/> Prep for Assignments <input type="checkbox"/> Volunteer Projects <input type="checkbox"/> Member Training <input type="checkbox"/> Member Support <input type="checkbox"/> OTHER: _____
10/12						

Member signature below verifies that time documented above is accurate. Site Coordinator/Director signature below verifies that time documented above is accurate and that member was supervised and assigned to approved tasks.

SIGNATURE**DATE**

AmeriCorps Member	1.	
Site Coordinator	2.	
Project YES! Director	3.	

MEMBER SERVICE	DIRECT SERVICE	FUND-RAISING	TOTAL HOURS