COMPACT SERVICE CORPS

August 2011 Time Log

MEMBER NAME:	
MONTH / YEAR:	•••••
SERVICE SITE:	•••••

•••••



HOW TO RECORD YOUR HOURS:

Record your hours to the nearest quarter hour (.00, .25, .50, .75).

* Member Development:

Member Development (MD) can only account for up to 20% of your total hours.

Member development hours include education, reflection, and/or training you need to perform well in your service project.

Examples:

- Class time providing reflection
- or learning about your service. Professional development opportunities
- Research related to performing
- your service project
 Workshops or conferences around your service themes

300 hour term = 60 MD hours 450 hour term = 90 MD hours 675 hour term = 135 MD hours 900 hour term = 180 MD hours

** Fundraising Hours: Fundraising can only account for up to 10% of your term of service (not total hours served). Members may only raise funds directly in support of activities for your service project.

DON'T FORGET:

Attach monthly accomplishments and return the signed original form to your Compact Service Corps Coordinator.

DATE MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
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TOTAL HOURS su 8/7/2011				
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WEEK 5 TOTAL HOURS				
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL
MONTH TOTAL				
				DATE:

HEALTHY FUTURES

	vities you have performed during this month, and some of the results you have se
Example: "I assisted 20 clients to	his month, and have noticed that I am becoming more proficient with giving immunizations."
What challenges have	you experienced this month in your service? What steps have you (or will yo
take to resolve those c	
Statistical Information:	
	clients provided preventative or primary healthcare:
. Number of patients/c	clients provided preventative or primary healthcare: cs reported above, number of new patients/clients (If you have any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact
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COMPACT SERVICE CORPS

September 2011 Time Log

MEMBER NAME:	
MONTH / YEAR:	
SERVICE SITE:	•



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WEEK 2 TOTAL HOURS				
9/11/2011				<u> </u>
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TOTAL HOURS				
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т 9/27/2011				
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SA				
WEEK 5 TOTAL HOURS				
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL
MONTH TOTAL				
MEMBER SIGNATURE				. DATE:

HEALTHY FUTURES

	tivities you have performed during this month, and some of the results you have so this month, and have noticed that I am becoming more proficient with giving immunizations."
What challenges have take to resolve those	you experienced this month in your service? What steps have you (or will challenges?
Statistical Information	
Statistical Information:	
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COMPACT SERVICE CORPS

October 2011 Time Log

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MONTH / YEAR:
MONTH / TEAH.
•••••
SERVICE SITE:



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DON'T FORGET:

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Use this Time lo	form to keep : gs are not val	a log of your id unless the	service hour time report	throughout and project	the month accomplis	1. Shments are con	npleted.
	DATE						

DATE MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
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WEEK 5				
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	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL
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HEALTHY FUTURES

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Statistical Information:	
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DN'T FORGET: ach monthly hours served and urn the signed original form rour Compact Service Corps	MEMBER SIGNATURE:DAT

COMPACT SERVICE CORPS

November 2011 Time Log

MEMBER NAME:
MONTH / YEAR:
SERVICE SITE:
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HEALTHY FUTURES

	vities you have performed during this month, and some of the results y his month, and have noticed that I am becoming more proficient with giving immunization	
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COMPACT SERVICE CORPS

December 2011 Time Log

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MONTH / YEAR:	
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SERVICE SITE:	
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MONTH TOTAL				
MEMBER SIGNATURE	≣: .			. DATE:
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HEALTHY FUTURES

MBER NAME:	MONTH/YEAR:
	activities you have performed during this month, and some of the results you have seents this month, and have noticed that I am becoming more proficient with giving immunizations."
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4. Member's participa	tion increased the quantity of care provided to patients/clients. Check one:
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	MEMBER SIGNATURE:DATE:DATE:
ON'T FORGET: tach monthly hours served and urn the signed original form	I have reviewed this Member's accomplishments including statistical information and verify by signing below
your Compact Service Corps pordinator.	SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

January 2012 Time Log

MEMBER NAME:
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MONTH / YEAR:
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SERVICE SITE:

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	DATE MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
SU	1/1/2012				
м	1/2/2012				
	1/3/2012				
	1/4/2012				
тн	1/5/2012				
F.	1/6/2012				
SA.	1/7/2012				
	WEEK 1				
_	TOTAL HOURS				
	1/8/2012				
	1/9/2012		•••••		
	1/10/2012	•••••			
	1/11/2012				
	1/12/2012 1/13/2012	•••••	•••••	•••••	•••••
	1/14/2012	•••••		•••••	
О А .		•••••	•••••	•••••	••••••
	WEEK 2 TOTAL HOURS				
ei i	1/15/2012				
	1/16/2012				
	1/17/2012	•••••	•••••		
	1/18/2012		•••••	•••••	
	1/19/2012				
	1/20/2012				
SA.	1/21/2012				
	WEEK 3 TOTAL HOURS				
su .					
М.					
	1/24/2012				
	1/25/2012				
TH.					
F.		•••••	•••••	•••••	
SA.	1/28/2012				
	WEEK 4				
_	TOTAL HOURS				
SU.					
	1/30/2012				
Τ.				•••••	
		•••••		•••••	•••••
	•••••		•••••	•••••	
	WEEK 5				
	TOTAL HOURS				
		MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL
	MONTH TOTAL				
ME	MBER SIGNATI IRI	=.			. DATE:
SITI	E SUPERVISOR SIG	GNATURE:			- DATE:

HEALTHY FUTURES

	vities you have performed during this month, and some of the results you have se
Example: "I assisted 20 clients the	his month, and have noticed that I am becoming more proficient with giving immunizations."
)	
take to resolve those of	you experienced this month in your service? What steps have you (or will y hallenges?
Statistical Information:	
Statistical Information:	
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COMPACT SERVICE CORPS

February 2012 Time Log

EMBER NAME:	Use this form to keep a log of your service hours throughout the month. Time logs are not valid unless the time report and project accomplishments are completed.
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•••••
SERVICE SITE:
•••••
MONTH / YEAR:



HOW TO RECORD YOUR HOURS:

Record your hours to the nearest quarter hour (.00, .25, .50, .75).

* Member Development:

Member Development (MD) can only account for up to 20% of your totál hours.

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DATE MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
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2/1/2012 2/2/2012				
2/3/2012	•••••	•••••	•••••	•••••
2/4/2012				
WEEK 1				
TOTAL HOURS				
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WEEK 2 TOTAL HOURS				
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2/16/2012				
2/17/2012 2/18/2012				
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WEEK 3 TOTAL HOURS				
2/19/2012				
2/20/2012				
2/21/2012				
2/22/2012				
2/23/2012				
2/24/2012				
2/25/2012				
WEEK 4 TOTAL HOURS				
2/26/2012				
2/27/2012				
2/28/2012				
2/29/2012				
•••••				
•				
WEEK 5 TOTAL HOURS				
	MEMBER	FUNDRAISING	DIRECT	TOTAL
	DEVELOPMENT	, OI NEI IAIOIING	SERVICE	TOTAL

HEALTHY FUTURES

Example: "I assisted 20 clients the	vities you have performed during this month, and some of the results you have see his month, and have noticed that I am becoming more proficient with giving immunizations."
What challenges have y	you experienced this month in your service? What steps have you (or will yohallenges?
Statistical Information:	
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·	clients provided preventative or primary healthcare:
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COMPACT SERVICE CORPS

March 2012 Time Log

MEMBER NAME:
MONTH / YEAR:
SERVICE SITE:



HOW TO RECORD YOUR HOURS:

Record your hours to the nearest quarter hour (.00, .25, .50, .75).

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co	DATE MM/DD/YY Each week must prespond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
su					
TH	3/1/2012				
	3/2/2012				
SA	3/3/2012				
	WEEK 1 FOTAL HOURS				
	3/4/2012				
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	3/6/2012				
	3/7/2012				
	3/8/2012				
	3/9/2012				
SA	3/10/2012				
	WEEK 2 FOTAL HOURS				
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	3/12/2012				
т	3/13/2012				
	3/14/2012				
	3/15/2012				
	3/16/2012				
SA	3/17/2012		•••••	•••••	
	WEEK 3 FOTAL HOURS				
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	3/19/2012				
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w	3/21/2012				
тн	3/22/2012				
	3/23/2012				
SA	3/24/2012				
	WEEK 4				
	FOTAL HOURS				
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	3/27/2012				
	3/28/2012				
	3/29/2012		•••••	•••••	
	3/30/2012			•	
	3/31/2012	•••••	•••••	•••••	•••••
Т	WEEK 5 OTAL HOURS				
		MEMBER	FUNDRAISING	DIRECT	TOTAL
1	MONTH TOTAL	DEVELOPMENT		SERVICE	10111
	-				
MEM	BER SIGNATURE	Ē: 			. DATE:
OITE 1	OL IDED/ (1005 01				• DATE:
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HEALTHY FUTURES

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Example: "I assisted 20 clients the	his month, and have noticed that I am becoming more proficient with giving immunizations."
What challenges have take to resolve those c	you experienced this month in your service? What steps have you (or will y
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2. Of the patients/client never reported serving the same): TO BE COMPLETED BY SIT 3. Member's participation AGREE 4. Member's participation STRONGLY AGREE	ts reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact E SUPERVISOR AND REPORTED MONTHLY: on increased the quality of care to patients/clients. Check one: NEUTRAL

COMPACT SERVICE CORPS

April 2012 Time Log

MEMBER NAME:
••••••
MONTH / YEAR:
•••••
SERVICE SITE:

•••••



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M 4/2/2012 T 4/3/2012 W 4/4/2012 H 4/5/2012 H 4/5/2012 M 4/7/2012 M 4/7/2012 WEEK 1 TOTAL HOURS M 4/9/2012 T 4/10/2012 W 4/11/2012 H 4/12/2012 M 4/18/2012 T 4/10/2012 M 4/18/2012 M 4/18/2012 M 4/18/2012 T 4/12/2012 T 4/12/2012 M 4/18/2012 M 4/18/2012 M 4/18/2012 M 4/18/2012 T 4/12/2012 M 4/18/2012 M 4/20/2012 M 4/20/2012 M 4/20/2012 M 4/23/2012 M 4/23/2012 M 4/23/2012 M 4/28/2012	W 4/4/2012 H 4/5/2012 F 4/6/2012 SA 4/7/2012 WEEK 1 TOTAL HOURS SU 4/8/2012 M 4/9/2012 T 4/10/2012 W 4/11/2012 H 4/12/2012				
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WEEK 5 TOTAL HOURS MEMBER DEVELOPMENT FUNDRAISING DIRECT SERVICE TOTAL					
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MONTH TOTAL			FUNDRAISING		TOTAL
	MONTH TOTAL				

HEALTHY FUTURES

	vities you have performed during this month, and some of the results you have se his month, and have noticed that I am becoming more proficient with giving immunizations."
What challenges have y	you experienced this month in your service? What steps have you (or will yo
take to resolve those cl	
Statistical Information:	
	slients provided preventative or primary healthcare:
2. Of the patients/client never reported servi	s reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be
the same):	* For Coordinators: Enter this number in ACCompact
	E SUPERVISOR AND REPORTED MONTHLY: on increased the quality of care to patients/clients. Check one:
STRONGLY AGREE	DISAGREE L
. Member's participation	increased the quantity of care provided to patients/clients. Check one:
STRONGLY AGREE	NEUTRAL DISAGREE STRONGLY DISAGREE
	MEMBER SIGNATURE:DATE:
ON'T FORGET: ach monthly hours served and	
ırn the signed original form your Compact Service Corps	I have reviewed this Member's accomplishments including statistical information and verify by signing below
ordinator.	SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

May 2012 Time Log

MEMBER NAME:	
MONTH / YEAR:	
SERVICE SITE:	

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HOW TO RECORD YOUR HOURS:

Record your hours to the nearest quarter hour (.00, .25, .50, .75).

* Member Development:

Member Development (MD) can only account for up to 20% of your totál hours.

Member development hours include education, reflection, and/or training you need to perform well in your service project.

Examples:

- Class time providing reflection
- or learning about your service. Professional development opportunities
- Research related to performing your service project
 Workshops or conferences
- around your service themes

300 hour term = 60 MD hours 450 hour term = 90 MD hours 675 hour term = 135 MD hours 900 hour term = 180 MD hours

** Fundraising Hours: Fundraising can only account for up to 10% of your term of service (not total hours served). Members may only raise funds directly in support of activities for your service project.

DON'T FORGET:

Attach monthly accomplishments and return the signed original form to your Compact Service Corps Coordinator.

DATE MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
SU				
M				
т 5/1/2012				
w 5/2/2012	•••••			
rh 5/3/2012	•••••		•••••	
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540/0/2012	•••••	•••••	•••••	•••••
WEEK 1 TOTAL HOURS				
su 5/6/2012				
м 5/7/2012	•••••	•••••		•••••
т 5/8/2012	•••••	•••••		••••••
w 5/9/2012	••••••	***************************************	***************************************	••••••
н 5/10/2012				
F 5/11/2012				
sa 5/12/2012				
WEEK 2 TOTAL HOURS				
5/13/2012	•••••		•••••	
м <u>5/14/2012</u> т 5/15/2012	•••••	•••••		•••••
т 5/15/2012 w 5/16/2012	•••••			•••••
н 5/17/2012	•••••	•••••		•••••
F 5/18/2012	•••••	•••••	•••••	•••••
sa 5/19/2012	•••••		•••••	
	***************************************	***************************************	***************************************	•••••
WEEK 3 TOTAL HOURS				
su 5/20/2012				
м 5/21/2012	•••••	•••••		•••••
т 5/22/2012	•••••	•••••		••••••
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WEEK 4 TOTAL HOURS				
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WEEK 5 TOTAL HOURS				
	MEMBER	ELINIDDAIGINIO	DIRECT	TOT::
	DEVELOPMENT	FUNDRAISING	SERVICE	TOTAL
MONTH TOTAL				
1EMBER SIGNATUR	Ē: 			. DATE:

HEALTHY FUTURES

/IBER NAME:	MONTH/YEAR:	
	s you have performed during this month, and some of the results you have noticed that I am becoming more proficient with giving immunizations."	ve see
What challenges have you take to resolve those challe	experienced this month in your service? What steps have you (or enges?	will yo
Otatiatia al liafa vacatia a		
Statistical Information:		
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TO BE COMPLETED BY SITE SU	UPERVISOR AND REPORTED MONTHLY:	
	ncreased the quality of care to patients/clients. Check one:	
STRONGLY AGREE	NEUTRAL DISAGREE STRONGLY DISAGREE	
1. Member's participation inc	creased the quantity of care provided to patients/clients. Check one:	
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	//EMBER SIGNATURE:DATE:	
ON'T FORGET: ach monthly hours served and		
urn the signed original form your Compact Service Corps	I have reviewed this Member's accomplishments including statistical information and verify by signif	ng belov
ordinator.	ITE SUPERVISOR SIGNATURE: DATE:	

COMPACT SERVICE CORPS

June 2012 Time Log

MEMBER NAME:
MONTH / YEAR:
SERVICE SITE:

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HOW TO RECORD YOUR HOURS:

Record your hours to the nearest quarter hour (.00, .25, .50, .75).

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 Workshops or conferences
- around your service themes

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DON'T FORGET:

Attach monthly accomplishments and return the signed original form to your Compact Service Corps Coordinator.

DATE MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
J				
1	•••••		***************************************	
Г <u></u> ,	•••••	•••••	***************************************	
/ <u></u>	•••••	•••••	•••••	
1 = 6/1/2012	•••••	•••••	•••••	•••••
6/2/2012	•••••		•••••	
***************************************	•••••	***************************************	***************************************	***************************************
WEEK 1 TOTAL HOURS				
6/3/2012				
1 6/4/2012			***************************************	
г 6/5/2012				
/ 6/6/2012				
6/7/2012				
6/8/2012				
6/9/2012				
WEEK 0				
WEEK 2 TOTAL HOURS				
6/10/2012				
6/11/2012	•••••		***************************************	
f 6/12/2012	•••••	***************************************	***************************************	•••••
6/13/2012	•••••	•••••		•••••
6/14/2012	•••••	***************************************	•••••	•••••
6/15/2012	•••••	***************************************	•••••	••••••
6/16/2012		•••••	•••••	

WEEK 3 TOTAL HOURS				
6/17/2012				
1 6/18/2012				
г 6/19/2012				
v 6/20/2012				
6/21/2012				
6/22/2012				
6/23/2012				
WEEK 4				
TOTAL HOURS				
6/24/2012				
6/25/2012				
г 6/26/2012				
v 6/27/2012				
6/28/2012				
6/29/2012				
a 6/30/2012				
WEEK 5 TOTAL HOURS				
	MEMBER	FUNDRAISING	DIRECT	TOTAL
	DEVELOPMENT	1 OINDI MOING	SERVICE	TOTAL
MONTH TOTAL				

HEALTHY FUTURES

	vities you have performed during this month, and some of the results y	
What challenges have take to resolve those of	you experienced this month in your service? What steps have yo	ou (or will yo
Statistical Information:		
Statistical Information:		
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. Number of patients/o	clients provided preventative or primary healthcare: ts reported above, number of new patients/clients (If you have ing any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact	*
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Number of patients/of Of the patients/client never reported servithe same): OBE COMPLETED BY SIT Member's participation STRONGLY AGREE AGREE AGREE	ts reported above, number of new patients/clients (If you have ing any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact TE SUPERVISOR AND REPORTED MONTHLY: on increased the quality of care to patients/clients. Check one: NEUTRAL DISAGREE STRONGLY DISAGREE in increased the quantity of care provided to patients/clients. Check	* one:
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COMPACT SERVICE CORPS

July 2012 Time Log

MEMBER NAME:	
•••••	
MONTH / YEAR:	
••••••	
SERVICE SITE:	

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HOW TO RECORD YOUR HOURS:

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MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
7/1/2012 1 7/2/2012				
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7/4/2012	***************************************	***************************************	***************************************	•••••
7/5/2012	•••••	•••••		
7/6/2012	•••••	•••••		•••••
7/7/2012				
WEEK 1 TOTAL HOURS				
7/8/2012				
1 7/9/2012	•••••	•••••		•••••
7/10/2012	•••••	•••••		•••••
7/11/2012	•••••	•••••		••••••
7/12/2012	•••••	•••••	•••••	•••••
7/13/2012				
7/14/2012				
WEEK 2				
TOTAL HOURS				
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r 7/17/2012	•••••		•••••	
7/18/2012	•••••	•••••	•••••	
7/19/2012	•••••		•••••	
7/20/2012	•••••	***************************************	***************************************	
7/21/2012				
WEEK 3				
TOTAL HOURS				
7/22/2012				
7/23/2012	•••••			
7/24/2012	•••••			
7/25/2012	•••••	•••••		
7/26/2012	•••••			
7/27/2012	•••••			
7/28/2012	•••••			
WEEK 4 TOTAL HOURS				
7/29/2012				
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г 7/31/2012				
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=				
·				
WEEK 5 TOTAL HOURS				
	MEMBER	FUNDRAISING	DIRECT	TOTAL
MONTH TOTAL	DEVELOPMENT		SERVICE	IJIAL
WORTHTOTAL				

HEALTHY FUTURES

	vities you have performed during this month, and some of the results you have se
Example: "I assisted 20 clients to	his month, and have noticed that I am becoming more proficient with giving immunizations."
What challenges have	you experienced this month in your service? What steps have you (or will yo
take to resolve those c	
Statistical Information:	
	clients provided preventative or primary healthcare:
. Number of patients/c	clients provided preventative or primary healthcare: cs reported above, number of new patients/clients (If you have any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact
Number of patients/cOf the patients/client never reported servi the same):	rs reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be
 Number of patients/client Of the patients/client never reported servi the same): 	ts reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact
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Number of patients/client never reported servithe same): TO BE COMPLETED BY SIT B. Member's participation of the same of	ts reported above, number of new patients/clients (If you have ing any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact E SUPERVISOR AND REPORTED MONTHLY: on increased the quality of care to patients/clients. Check one:
Number of patients/client never reported servithe same): TO BE COMPLETED BY SIT Member's participation strengty Agree Agree	ts reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact E SUPERVISOR AND REPORTED MONTHLY: on increased the quality of care to patients/clients. Check one: NEUTRAL DISAGREE STRONGLY DISAGREE
1. Number of patients/client never reported servithe same): 17. OBE COMPLETED BY SIT 18. Member's participation AGREE 19. Member's participation STRONGLY AGREE 19. AGREE	ss reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact E SUPERVISOR AND REPORTED MONTHLY: on increased the quality of care to patients/clients. Check one: NEUTRAL
1. Number of patients/client never reported servithe same): 17. OBE COMPLETED BY SIT 18. Member's participation AGREE 19. Member's participation STRONGLY AGREE 19. AGREE	ss reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact E SUPERVISOR AND REPORTED MONTHLY: on increased the quality of care to patients/clients. Check one: NEUTRAL DISAGREE STRONGLY DISAGREE NEUTRAL DISAGREE STRONGLY DISAGREE STRONGLY DISAGREE NEUTRAL DISAGREE STRONGLY DISAGREE

COMPACT SERVICE CORPS

August 2012 Time Log

MEMBER NAME:
•••••
MONTH / YEAR:
••••••
SERVICE SITE:

•••••



HOW TO RECORD YOUR HOURS:

Record your hours to the nearest quarter hour (.00, .25, .50, .75).

* Member Development:

Member Development (MD) can only account for up to 20% of your total hours.

Member development hours include education, reflection, and/or training you need to perform well in your service project.

Examples:

- Class time providing reflection
- or learning about your service. Professional development opportunities
- Research related to performing your service project
 Workshops or conferences
- around your service themes

300 hour term = 60 MD hours 450 hour term = 90 MD hours 675 hour term = 135 MD hours 900 hour term = 180 MD hours

** Fundraising Hours: Fundraising can only account for up to 10% of your term of service (not total hours served). Members may only raise funds directly in support of activities for your service project.

DON'T FORGET:

Attach monthly accomplishments and return the signed original form to your Compact Service Corps Coordinator.

DATE MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
SU				
М				
Т				
w 8/1/2012				
тн 8/2/2012				
F 8/3/2012				
sa 8/4/2012				
WEEK 1				
TOTAL HOURS				
su 8/5/2012				
м 8/6/2012				
т 8/7/2012				
w 8/8/2012				
тн 8/9/2012				
F 8/10/2012				
sa 8/11/2012			•	
WEEK 2				
TOTAL HOURS				
su 8/12/2012				
м 8/13/2012				
т 8/14/2012				
w 8/15/2012				
тн 8/16/2012				
F 8/17/2012				
sa 8/18/2012				
WEEK 3 TOTAL HOURS				
su 8/19/2012				
м 8/20/2012				
т 8/21/2012		•••••		
w 8/22/2012				
тн 8/23/2012				
F 8/24/2012				
sa <u>8/25/2012</u>		•••••	•••••	
WEEK 4				
TOTAL HOURS				
su 8/26/2012				
м 8/27/2012		•••••		
т 8/28/2012			•••••	
w 8/29/2012			•	
тн 8/30/2012		•••••	•••••	
F 8/31/2012	•••••			
SA			•••••	
WEEK 5 TOTAL HOURS				
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL
MONTH TOTAL				
				DATE:

HEALTHY FUTURES

	tivities you have performed during this month, and some of the results you have so this month, and have noticed that I am becoming more proficient with giving immunizations."
What challenges have take to resolve those	you experienced this month in your service? What steps have you (or will challenges?
Statistical Information	
Statistical Information:	
. Number of patients/	/clients provided preventative or primary healthcare:
. Number of patients/	/clients provided preventative or primary healthcare: Ints reported above, number of new patients/clients (If you have ving any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact
Number of patients/Of the patients/clier never reported senthe same):	nts reported above, number of new patients/clients (If you have ving any patients/clients, then the answers to 1 and 2 will be
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Number of patients/ Of the patients/clier never reported service the same): O BE COMPLETED BY SI	nts reported above, number of new patients/clients (If you have ving any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact TE SUPERVISOR AND REPORTED MONTHLY: ion increased the quality of care to patients/clients. Check one:
Number of patients/clier never reported service the same): TO BE COMPLETED BY SI Member's participation of the same and the same	nts reported above, number of new patients/clients (If you have ving any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact TE SUPERVISOR AND REPORTED MONTHLY: ion increased the quality of care to patients/clients. Check one:
Number of patients/clier never reported service the same): TO BE COMPLETED BY SI Member's participation of the same and the same	nts reported above, number of new patients/clients (If you have ving any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact TE SUPERVISOR AND REPORTED MONTHLY: ion increased the quality of care to patients/clients. Check one: DISAGREE STRONGLY DISAGREE on increased the quantity of care provided to patients/clients. Check one:
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I. Number of patients/clier never reported senthe same): FO BE COMPLETED BY SI B. Member's participation of the same and the same are senthered. STRONGLY AGREE AGREE AGREE AGREE AGREE AGREE AGREE	Ints reported above, number of new patients/clients (If you have wing any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact TE SUPERVISOR AND REPORTED MONTHLY: ion increased the quality of care to patients/clients. Check one: DISAGREE STRONGLY DISAGREE on increased the quantity of care provided to patients/clients. Check one: DISAGREE STRONGLY DISAGREE NEUTRAL DISAGREE STRONGLY DISAGREE DISAGREE STRONGLY DISAGREE

COMPACT SERVICE CORPS

September 2012 Time Log

MEMBER NAME:
•••••
MONTH / YEAR:
•••••
SERVICE SITE:



HOW TO RECORD YOUR HOURS:

Record your hours to the nearest quarter hour (.00, .25, .50, .75).

* Member Development:

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DON'T FORGET:

Attach monthly accomplishments and return the signed original form to your Compact Service Corps Coordinator.

DATE MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
9/1/2012				
9/2/2012				
м9/3/2012				
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т _н 9/6/2012				
F 9/7/2012				
_{SA} 9/8/2012				
WEEK 1 TOTAL HOURS				
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м 9/10/2012				
т 9/11/2012				
w 9/12/2012				
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9/15/2012 SA 9/15/2012				
WEEK 2				
TOTAL HOURS				
ы 9/16/2012 м 9/17/2012				
т 9/18/2012	•••••	•••••	•••••	
w 9/19/2012				
н 9/20/2012				
F 9/21/2012				
A 9/22/2012				
WEEK 3 TOTAL HOURS				
u 9/23/2012				
м 9/24/2012				
т 9/25/2012				
w 9/26/2012	•••••	•••••		
н 9/27/2012 г 9/282012	•••••	•••••	•••••	•••••
a 9/29/2012	•••••	•••••	•••••	•••••
WEEK 4 TOTAL HOURS				
u 9/30/2012				
М				
т				
н				
F				
6A				
WEEK 5 TOTAL HOURS				
	MEMBER	FUNDRAISING	DIRECT	TOTAL
MONTH TOTAL	DEVELOPMENT	. 22	SERVICE	IOIAL
MEMBER SIGNATURE:				DATE:

HEALTHY FUTURES

	vities you have performed during this month, and some of the results you have send is month, and have noticed that I am becoming more proficient with giving immunizations."
	you experienced this month in your service? What steps have you (or will yo
take to resolve those cl	nallenges?
Statistical Information:	
·	clients provided preventative or primary healthcare:
 Of the patients/client never reported servired the same): 	s reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact *
TO BE COMPLETED BY SIT	E SUPERVISOR AND REPORTED MONTHLY:
3. Member's participatio	on increased the quality of care to patients/clients. Check one:
STRONGLY AGREE	NEUTRAL DISAGREE STRONGLY DISAGREE
 Member's participation 	increased the quantity of care provided to patients/clients. Check one:
STRONGLY AGREE	NEUTRAL DISAGREE STRONGLY DISAGREE
	MEMBER SIGNATURE:DATE:DATE:
DN'T FORGET: ach monthly hours served and urn the signed original form rour Compact Service Corps	MEMBER SIGNATURE:DAT

COMPACT SERVICE CORPS

October 2012 Time Log

MEMBER NAME:
•••••
MONTH / YEAR:
•••••
SERVICE SITE:

•••••



HOW TO RECORD YOUR HOURS:

Record your hours to the nearest quarter hour (.00, .25, .50, .75).

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DATE MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
SU				
м 10/1/2012				
т 10/2/2012				
w 10/3/2012				
гн 10/4/2012				
F 10/5/2012				
SA 10/6/2012				
WEEK 1 TOTAL HOURS				
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т 10/9/2012		***************************************	***************************************	
w 10/10/2012		***************************************	***************************************	•••••
н 10/11/2012	•••••		***************************************	
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		•••••		
WEEK 2 TOTAL HOURS				
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м 10/15/2012				
т 10/16/2012				
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н 10/18/2012				
F 10/19/2012				
SA 10/20/2012				
WEEK 3 TOTAL HOURS				
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т 10/23/2012		***************************************	***************************************	***************************************
w 10/24/2012		***************************************	***************************************	
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F 10/26/2012		***************************************		
a 10/27/2012		•••••		••••••
•••••		***************************************		
WEEK 4 TOTAL HOURS				
10/28/2010	•••••		•	
м 10/29/2012			•••••	
т 10/30/2012			•••••	
w 10/31/2012	•••••			
`H		•••••		
F				
SA	•••••	•••••	•••••	
WEEK 5 TOTAL HOURS				
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL
MONTH TOTAL			32	
				DATE:

HEALTHY FUTURES

	vities you have performed during this month, and some of the results y his month, and have noticed that I am becoming more proficient with giving immunization	
What challenges have y take to resolve those c	you experienced this month in your service? What steps have yo hallenges?	ou (or will yo
	Nients provided preventative or primary healthcare:	
. Number of patients/c	clients provided preventative or primary healthcare: s reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact	*
 Number of patients/c Of the patients/client never reported servithe same): 	rs reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be	*
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Number of patients/ci Of the patients/client never reported serving the same): TO BE COMPLETED BY SIT Member's participation STRONGLY AGREE AGREE AGREE	ts reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact E SUPERVISOR AND REPORTED MONTHLY: on increased the quality of care to patients/clients. Check one:	* one:
Number of patients/ci Of the patients/client never reported serving the same): OBE COMPLETED BY SIT Member's participation STRONGLY AGREE AGREE	Is reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact E SUPERVISOR AND REPORTED MONTHLY: on increased the quality of care to patients/clients. Check one: NEUTRAL DISAGREE STRONGLY DISAGREE in increased the quantity of care provided to patients/clients. Check	* one:
Number of patients/client never reported serving the same): OBE COMPLETED BY SIT Member's participation AGREE Member's participation STRONGLY AGREE	es reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact E SUPERVISOR AND REPORTED MONTHLY: on increased the quality of care to patients/clients. Check one: NEUTRAL DISAGREE STRONGLY DISAGREE DISAGREE STRONGLY DISAGREE DISAGR	
Number of patients/client never reported serving the same): OBE COMPLETED BY SIT Member's participation AGREE Member's participation STRONGLY AGREE	Is reported above, number of new patients/clients (If you have ing any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact E SUPERVISOR AND REPORTED MONTHLY: In increased the quality of care to patients/clients. Check one: NEUTRAL	Ē:

N 4 EN 4 D E D N 1 A N 4 E

COMPACT SERVICE CORPS

November 2012 Time Log

MEMBER NAME:	
•••••	
MONTH / YEAR:	
•••••	
SERVICE SITE:	
•••••	



HOW TO RECORD YOUR HOURS:

Record your hours to the nearest quarter hour (.00, .25, .50, .75).

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Examples:

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DON'T FORGET:

Attach monthly accomplishments and return the signed original form to your Compact Service Corps Coordinator.

DATE MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week
su				
М				
Т				
w				
тн 11/1/2012				
F 11/2/2012				
sa 11/3/2012				
WEEK 1				
TOTAL HOURS				
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м 11/5/2012 т 11/6/2012	•••••			
w 11/7/2012		•••••	•••••	•••••••••••••••••••••••••••••••••••••••
тн 11/8/2012	•••••	•••••		•••••••••••••••••••••••••••••••••••••••
F 11/9/2012		•••••		•••••••••••••••••••••••••••••••••••••••
sa 11/10/2012		•••••	***************************************	•••••••••••••••••••••••••••••••••••••••
		•••••		•••••••••••••••••••••••••••••••••••••••
WEEK 2 TOTAL HOURS				
su 11/11/2012				
м 11/12/2012	•••••			•••••••••••••••••••••••••••••••••••••••
т 11/13/2012		***************************************	***************************************	•••••••••••••••••••••••••••••••••••••••
w 11/14/2012		•••••	•••••	•••••••••••••••••••••••••••••••••••••••
тн 11/15/2012		***************************************	***************************************	•••••••••••••••••••••••••••••••••••••••
_F 11/16/2012				
sa 11/17/2012				
WEEK 3 TOTAL HOURS				
su 11/18/2012				
м 11/19/2012				
т 11/20/2012				
w 11/21/2012			•••••	
тн 11/22/2012				
F 11/23/2012				
sa 11/24/2012		•••••		
WEEK 4 TOTAL HOURS				
su 11/25/2012				
•				
м 11/26/2012 т 11/27/2012			•••••	••••••
т 11/27/2012 w 11/28/2012				
тн 11/29/2012				•••••••••••••••••••••••••••••••••••••••
F 11/30/2012		•••••		•••••••••••••••••••••••••••••••••••••••
SA				
WEEK 5				
TOTAL HOURS				
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL
MONTH TOTAL				
MEMBER SIGNATURE	·			. DATE:
				- DATE:

HEALTHY FUTURES

	VAME: MONTH/YEAR:
	scribe the service activities you have performed during this month, and some of the results you have see mple: "I assisted 20 clients this month, and have noticed that I am becoming more proficient with giving immunizations."
	at challenges have you experienced this month in your service? What steps have you (or will your service? What steps have you (or will your service? What steps have you (or will your service?)
Stat	tistical Information:
	Number of patients/clients provided preventative or primary healthcare:
2. C	Of the patients/clients reported above, number of new patients/clients (If you have never reported serving any patients/clients, then the answers to 1 and 2 will be he same): * For Coordinators: Enter this number in ACCompact
	E COMPLETED BY SITE SUPERVISOR AND REPORTED MONTHLY:
_	lember's participation increased the quality of care to patients/clients. Check one:
S	STRONGLY AGREE NEUTRAL DISAGREE STRONGLY DISAGREE
4. Me	ember's participation increased the quantity of care provided to patients/clients. Check one:
	STRONGLY AGREE NEUTRAL DISAGREE STRONGLY DISAGREE
	MEMBER SIGNATURE:DATE:
tach mo	FORGET: onthly hours served and e signed original form I have reviewed this Member's accomplishments including statistical information and verify by signing below
	Compact Service Corps

COMPACT SERVICE CORPS

December 2012 Time Log

MEMBER NAME:
MONTH / YEAR:
SERVICE SITE:
•••••



HOW TO RECORD YOUR HOURS:

Record your hours to the nearest quarter hour (.00, .25, .50, .75).

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DON'T FORGET:

Attach monthly accomplishments and return the signed original form to your Compact Service Corps Coordinator.

DATE MM/DD/YY Each week must correspond to the month being reported	* MEMBER DEVELOPMENT HOURS	** FUNDRAISING HOURS	DIRECT SERVICE HOURS	TOTAL HOURS Do not exceed 65 hours per week	
sa 12/1/2012					
su 12/2/2012					
м 12/3/2012					
т12/4/2012					
w 12/5/2012					
гн 12/6/2012					
F 12/7/2012					
SA 12/8/2012					
WEEK 1					
TOTAL HOURS					
su 12/9/2012					
м 12/10/2012					
т 12/11/2012					
w 12/12/2012					
н 12/13/2012					
F 12/14/2012					
SA 12/15/2012					
11.					
WEEK 2 TOTAL HOURS					
su 12/16/2012					
м 12/17/2012		•••••	•••••	•••••	
т 12/18/2012	•••••	•••••	•••••		
w 12/19/2012			•••••		
H 12/20/2012			•••••		
***************************************		•••••	•••••	•••••	
F 12/21/2012 SA 12/22/2012		•••••	•••••	•••••	
SA 12/22/2012	•••••	•••••	•••••	•••••	
WEEK 3					
TOTAL HOURS					
su 12/23/2012					
м 12/24/2012					
т 12/25/2012			•••••		
w 12/26/2012					
н 12/27/2012					
F 12/28/2012					
SA 12/29/2012					
WEEK 4					
TOTAL HOURS					
su 12/30/2012					
м 12/31/2012					
Т					
w					
TH					
F					
SA					
WEEK 5					
TOTAL HOURS					
	NACA 4050		DIDECT		
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL	
NAONITHI TOTAL					
MONTH TOTAL					

HEALTHY FUTURES

MBER NAME:	MONTH/YEAR:
	rities you have performed during this month, and some of the results you have see his month, and have noticed that I am becoming more proficient with giving immunizations."
What challenges have y	ou experienced this month in your service? What steps have you (or will yo
take to resolve those ch	
Statistical Information:	
4 Ni	
·	lients provided preventative or primary healthcare:
Of the patients/clients never reported servir the same):	reported above, number of new patients/clients (If you have ng any patients/clients, then the answers to 1 and 2 will be * For Coordinators: Enter this number in ACCompact
TO BE COMPLETED BY SITE	SUPERVISOR AND REPORTED MONTHLY:
3. Member's participatio	n increased the quality of care to patients/clients. Check one:
STRONGLY AGREE	NEUTRAL DISAGREE STRONGLY DISAGREE
4. Member's participation	increased the quantity of care provided to patients/clients. Check one:
STRONGLY AGREE	NEUTRAL DISAGREE STRONGLY DISAGREE
	MEMBER SIGNATURE:DATE:
ON'T FORGET:	
tach monthly hours served and urn the signed original form	I have reviewed this Member's accomplishments including statistical information and verify by signing below
your Compact Service Corps ordinator.	SITE SUPERVISOR SIGNATURE: DATE:

EDUCATION

COMPACT SERVICE CORPS

Cumulative Hours Log

This form is for your use, to stay up to date on how many hours you accumulate each month. Watch your totals for each month under each column, as there are limits on Member Development, Fundraising, Direct Service, and Capacity Building. Do not enter hours in the "Capacity Building/Infrastructure Development" column unless your project falls under that focus area.

MONTH	MEMBER DEVELOPMENT	FUNDRAISING	CAPACITY BUILDING/ INFRASTRUCTURE DEVELOPMENT	DIRECT SERVICE HOURS	TOTAL	DATE SUBMITTED
August 2011			·····			
September 2011						
October 2011						
November 2011						
December 2011						
January 2012						
February 2012						
March 2012			•••••			
April 2012						
May 2012						
June 2012						
July 2012			•••••			
TOTALS						
		FOR 2-YE	EAR, 900-HOUR TER	MS		
MONTH	MEMBER DEVELOPMENT	FUNDRAISING	CAPACITY BUILDING/ INFRASTRUCTURE DEVELOPMENT	DIRECT SERVICE HOURS	TOTAL	DATE SUBMITTED
August 2012			,			
September 2012						
October 2012						
November 2012						
December 2012						
•••••			•••••			
			•••••			
TOTALS						

Members can also track service project completion and performance goals through ACCompact (www.americorpscompact.org), the Member management data system. Contact your Compact Service Corps Coordinator for a login and password to access your record.