

HEALTHY FUTURES

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.

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.

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 8/1/2011
T 8/2/2011
W 8/3/2011
TH 8/4/2011
F 8/5/2011
SA 8/6/2011
WEEK 1 TOTAL HOURS				
SU 8/7/2011
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WEEK 5 TOTAL HOURS				
MONTH TOTAL				
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL

MEMBER SIGNATURE: DATE:

SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

HEALTHY FUTURES

Monthly Project Accomplishments

MEMBER NAME: MONTH/YEAR:

Describe the service activities you have performed during this month, and some of the results you have seen.
Example: "I assisted 20 clients this 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 you) take to resolve those challenges?

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TO BE COMPLETED BY SITE SUPERVISOR AND REPORTED MONTHLY:

3. Member's participation increased the quality of care to patients/clients. Check one:

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

4. Member's participation increased the quantity of care provided to patients/clients. Check one:

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DON'T FORGET:

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MEMBER SIGNATURE: DATE:

I have reviewed this Member's accomplishments including statistical information and verify by signing below.

SITE SUPERVISOR SIGNATURE: DATE:

HEALTHY FUTURES

COMPACT SERVICE CORPS

September 2011 Time Log

MEMBER NAME:

MONTH / YEAR:

SERVICE SITE:



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HEALTHY FUTURES

COMPACT SERVICE CORPS

October 2011 Time Log

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MONTH / YEAR:

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HEALTHY FUTURES

COMPACT SERVICE CORPS

November 2011 Time Log

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MONTH / YEAR:

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COMPACT SERVICE CORPS

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FUTURES

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HEALTHY FUTURES

COMPACT SERVICE CORPS

December 2011 Time Log

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MEMBER SIGNATURE: DATE:

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COMPACT SERVICE CORPS

HEALTHY FUTURES

Monthly Project Accomplishments

MEMBER NAME: MONTH/YEAR:

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Example: "I assisted 20 clients this month, and have noticed that I am becoming more proficient with giving immunizations."

[Empty dotted-line box for describing service activities and results]

What challenges have you experienced this month in your service? What steps have you (or will you) take to resolve those challenges?

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HEALTHY FUTURES

COMPACT SERVICE CORPS

January 2012 Time Log

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MONTH / YEAR:

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COMPACT SERVICE CORPS

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HEALTHY FUTURES

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February 2012 Time Log

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March 2012 Time Log

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Use this form to keep a log of your service hours throughout the month.
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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
M
T
W
TH 3/1/2012
F 3/2/2012
SA 3/3/2012
WEEK 1 TOTAL HOURS				
SU 3/4/2012
M 3/5/2012
T 3/6/2012
W 3/7/2012
TH 3/8/2012
F 3/9/2012
SA 3/10/2012
WEEK 2 TOTAL HOURS				
SU 3/11/2012
M 3/12/2012
T 3/13/2012
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TH 3/15/2012
F 3/16/2012
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WEEK 3 TOTAL HOURS				
SU 3/18/2012
M 3/19/2012
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TH 3/22/2012
F 3/23/2012
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WEEK 4 TOTAL HOURS				
SU 3/25/2012
M 3/26/2012
T 3/27/2012
W 3/28/2012
TH 3/29/2012
F 3/30/2012
SA 3/31/2012
SU
WEEK 5 TOTAL HOURS				
MONTH TOTAL				
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBER SIGNATURE: DATE:

SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

HEALTHY FUTURES

Monthly Project Accomplishments

MEMBER NAME: MONTH/YEAR:

Describe the service activities you have performed during this month, and some of the results you have seen.
Example: "I assisted 20 clients this 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 you) take to resolve those challenges?

Statistical Information:

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TO BE COMPLETED BY SITE SUPERVISOR AND REPORTED MONTHLY:

3. Member's participation increased the quality of care to patients/clients. Check one:

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

4. Member's participation increased the quantity of care provided to patients/clients. Check one:

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

DON'T FORGET:

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

MEMBER SIGNATURE: DATE:

I have reviewed this Member's accomplishments including statistical information and verify by signing below.

SITE SUPERVISOR SIGNATURE: DATE:

HEALTHY FUTURES

COMPACT SERVICE CORPS

April 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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Examples:

- Class time providing reflection or learning about your service.
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WEEK 4 TOTAL HOURS				
SU 4/29/2012
M 4/30/2012
T
W
TH
F
SA
WEEK 5 TOTAL HOURS				
MONTH TOTAL	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL

MEMBER SIGNATURE: DATE:

SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

HEALTHY FUTURES

Monthly Project Accomplishments

MEMBER NAME: MONTH/YEAR:

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DON'T FORGET:

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

MEMBER SIGNATURE: DATE:

I have reviewed this Member's accomplishments including statistical information and verify by signing below.

SITE SUPERVISOR SIGNATURE: DATE:

HEALTHY FUTURES

COMPACT SERVICE CORPS

May 2012 Time Log

MEMBER NAME:

MONTH / YEAR:

SERVICE SITE:



HOW TO RECORD YOUR HOURS:

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WEEK 5 TOTAL HOURS				
MONTH TOTAL				
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MEMBER SIGNATURE: DATE:

SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

HEALTHY FUTURES

Monthly Project Accomplishments

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DON'T FORGET:

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MEMBER SIGNATURE: DATE:

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SITE SUPERVISOR SIGNATURE: DATE:

HEALTHY FUTURES

COMPACT SERVICE CORPS

June 2012 Time Log

MEMBER NAME:

MONTH / YEAR:

SERVICE SITE:



HOW TO RECORD YOUR HOURS:

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TH 6/28/2012
F 6/29/2012
SA 6/30/2012
WEEK 5 TOTAL HOURS				
MONTH TOTAL				
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBER SIGNATURE: DATE:

SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

HEALTHY FUTURES

Monthly Project Accomplishments

MEMBER NAME: MONTH/YEAR:

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SITE SUPERVISOR SIGNATURE: DATE:

HEALTHY FUTURES

COMPACT SERVICE CORPS

July 2012 Time Log

MEMBER NAME:

MONTH / YEAR:

SERVICE SITE:



HOW TO RECORD YOUR HOURS:

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SU 7/1/2012				
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T 7/3/2012				
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TH 7/5/2012				
F 7/6/2012				
SA 7/7/2012				
WEEK 1 TOTAL HOURS				
SU 7/8/2012				
M 7/9/2012				
T 7/10/2012				
W 7/11/2012				
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SA 7/14/2012				
WEEK 2 TOTAL HOURS				
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SA				
WEEK 5 TOTAL HOURS				
MONTH TOTAL				
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL

MEMBER SIGNATURE: DATE:

SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

HEALTHY FUTURES

Monthly Project Accomplishments

MEMBER NAME: MONTH/YEAR:

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MEMBER SIGNATURE: DATE:

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SITE SUPERVISOR SIGNATURE: DATE:

HEALTHY FUTURES

COMPACT SERVICE CORPS

August 2012 Time Log

MEMBER NAME:

MONTH / YEAR:

SERVICE SITE:



HOW TO RECORD YOUR HOURS:

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	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL

MEMBER SIGNATURE: DATE:

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COMPACT SERVICE CORPS

HEALTHY FUTURES

Monthly Project Accomplishments

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DON'T FORGET:
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MEMBER SIGNATURE: DATE:

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SITE SUPERVISOR SIGNATURE: DATE:

HEALTHY FUTURES

COMPACT SERVICE CORPS

September 2012 Time Log

MEMBER NAME:

MONTH / YEAR:

SERVICE SITE:



HOW TO RECORD YOUR HOURS:

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MEMBER DEVELOPMENT FUNDRAISING DIRECT SERVICE TOTAL				
MONTH TOTAL				

MEMBER SIGNATURE: DATE:

SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

HEALTHY FUTURES

Monthly Project Accomplishments

MEMBER NAME: MONTH/YEAR:

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SITE SUPERVISOR SIGNATURE: DATE:

HEALTHY FUTURES

COMPACT SERVICE CORPS

October 2012 Time Log

MEMBER NAME:

MONTH / YEAR:

SERVICE SITE:



HOW TO RECORD YOUR HOURS:

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M 10/15/2012
T 10/16/2012
W 10/17/2012
TH 10/18/2012
F 10/19/2012
SA 10/20/2012
WEEK 3 TOTAL HOURS				
SU 10/21/2012
M 10/22/2012
T 10/23/2012
W 10/24/2012
TH 10/25/2012
F 10/26/2012
SA 10/27/2012
WEEK 4 TOTAL HOURS				
SU 10/28/2012
M 10/29/2012
T 10/30/2012
W 10/31/2012
TH
F
SA
WEEK 5 TOTAL HOURS				
MONTH TOTAL				
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL

MEMBER SIGNATURE: DATE:

SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

HEALTHY
FUTURES

Monthly Project Accomplishments

MEMBER NAME: MONTH/YEAR:

Describe the service activities you have performed during this month, and some of the results you have seen.
Example: "I assisted 20 clients this 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 you) take to resolve those challenges?

.....

Statistical Information:

1. Number of patients/clients provided preventative or primary healthcare:

2. 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 the same): * For Coordinators: Enter this number in ACCompact

TO BE COMPLETED BY SITE SUPERVISOR AND REPORTED MONTHLY:

3. Member's participation increased the quality of care to patients/clients. Check one:

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

4. Member's participation increased the quantity of care provided to patients/clients. Check one:

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

DON'T FORGET:
Attach monthly hours served and return the signed original form to your Compact Service Corps Coordinator.

MEMBER SIGNATURE: DATE:

I have reviewed this Member's accomplishments including statistical information and verify by signing below.
SITE SUPERVISOR SIGNATURE: DATE:

HEALTHY FUTURES

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).

* 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.

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.

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
T
W
TH 11/1/2012
F 11/2/2012
SA 11/3/2012
WEEK 1 TOTAL HOURS				
SU 11/4/2012
M 11/5/2012
T 11/6/2012
W 11/7/2012
TH 11/8/2012
F 11/9/2012
SA 11/10/2012
WEEK 2 TOTAL HOURS				
SU 11/11/2012
M 11/12/2012
T 11/13/2012
W 11/14/2012
TH 11/15/2012
F 11/16/2012
SA 11/17/2012
WEEK 3 TOTAL HOURS				
SU 11/18/2012
M 11/19/2012
T 11/20/2012
W 11/21/2012
TH 11/22/2012
F 11/23/2012
SA 11/24/2012
WEEK 4 TOTAL HOURS				
SU 11/25/2012
M 11/26/2012
T 11/27/2012
W 11/28/2012
TH 11/29/2012
F 11/30/2012
SA
WEEK 5 TOTAL HOURS				
MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL	
MONTH TOTAL				

MEMBER SIGNATURE: DATE:

SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

HEALTHY FUTURES

Monthly Project Accomplishments

MEMBER NAME: MONTH/YEAR:

Describe the service activities you have performed during this month, and some of the results you have seen.
Example: "I assisted 20 clients this 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 you) take to resolve those challenges?

Statistical Information:

1. Number of patients/clients provided preventative or primary healthcare:

2. 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 the same): * For Coordinators: Enter this number in ACCompact

TO BE COMPLETED BY SITE SUPERVISOR AND REPORTED MONTHLY:

3. Member's participation increased the quality of care to patients/clients. Check one:

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

4. Member's participation increased the quantity of care provided to patients/clients. Check one:

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

DON'T FORGET:
Attach monthly hours served and return the signed original form to your Compact Service Corps Coordinator.

MEMBER SIGNATURE: DATE:

I have reviewed this Member's accomplishments including statistical information and verify by signing below.
SITE SUPERVISOR SIGNATURE: DATE:

HEALTHY FUTURES

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).

*** Member Development:**
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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
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675 hour term = 135 MD hours
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**** 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.

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.

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				
M 12/3/2012				
T 12/4/2012				
W 12/5/2012				
TH 12/6/2012				
F 12/7/2012				
SA 12/8/2012				
WEEK 1 TOTAL HOURS				
SU 12/9/2012				
M 12/10/2012				
T 12/11/2012				
W 12/12/2012				
TH 12/13/2012				
F 12/14/2012				
SA 12/15/2012				
WEEK 2 TOTAL HOURS				
SU 12/16/2012				
M 12/17/2012				
T 12/18/2012				
W 12/19/2012				
TH 12/20/2012				
F 12/21/2012				
SA 12/22/2012				
WEEK 3 TOTAL HOURS				
SU 12/23/2012				
M 12/24/2012				
T 12/25/2012				
W 12/26/2012				
TH 12/27/2012				
F 12/28/2012				
SA 12/29/2012				
WEEK 4 TOTAL HOURS				
SU 12/30/2012				
M 12/31/2012				
T				
W				
TH				
F				
SA				
WEEK 5 TOTAL HOURS				
MONTH TOTAL				
	MEMBER DEVELOPMENT	FUNDRAISING	DIRECT SERVICE	TOTAL

MEMBER SIGNATURE: DATE:

SITE SUPERVISOR SIGNATURE: DATE:

COMPACT SERVICE CORPS

HEALTHY FUTURES

Monthly Project Accomplishments

MEMBER NAME: MONTH/YEAR:

Describe the service activities you have performed during this month, and some of the results you have seen.
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TO BE COMPLETED BY SITE SUPERVISOR AND REPORTED MONTHLY:

3. Member's participation increased the quality of care to patients/clients. Check one:

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

4. Member's participation increased the quantity of care provided to patients/clients. Check one:

STRONGLY AGREE AGREE NEUTRAL DISAGREE STRONGLY DISAGREE

DON'T FORGET:
Attach monthly hours served and return the signed original form to your Compact Service Corps Coordinator.

MEMBER SIGNATURE: DATE:

I have reviewed this Member's accomplishments including statistical information and verify by signing below.

SITE SUPERVISOR SIGNATURE: DATE:

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

FOR 2-YEAR, 900-HOUR TERMS

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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.