

**JMGF AmeriCorps Program**  
**Monthly Time Sheet**

**Member Name:** \_\_\_\_\_ **Month:** \_\_\_\_\_  
**Service Site:** \_\_\_\_\_

*Due by the 7th of the following month - Keep a copy for your records*  
**Mail to: JMGF 931 North Last Chance Gulch, Suite 2 Helena, MT 59601**

Day of Month	Direct Service	Member Develop	Fundraising
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
<b>Total:</b>			

**Total hours logged this month:** \_\_\_\_\_

Detailed Description of Activities
<b>Description of Direct Service Activities:</b>
<b>Description of Member Development Activities:</b>
<b>Description of Fundraising Activities:</b>
Community Volunteers recruited:
Name:
Hours volunteered this month:
Description of Service:
Name:
Hours volunteered this month:
Description of Service:

In-Kind Hours Contributed; Describe Below	
Site Supervisor	School Staff
# of In-kind Hours:	# of In-kind Hours:
Orientation	Orientation
Training	Training
Support	Support
Service Activities	Service Activities
Travel	Travel
Volunteers	Volunteers
Other	Other

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_\_

**Please enter your service hours in the appropriate boxes & in 15 minute increments.**

**Time Logs MUST be completed, signed and dated in PEN! Initial any scribbles & corrections, thank you!**