

# Young Adult Service Corps - Monthly Time Sheet

Member Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Service Site: \_\_\_\_\_

*Due by the 7th of the following month - Keep a copy for your records*

Mail to: JMGSF 931 North Last Chance Gulch, Suite 2 Helena, MT 59601

Day of Month	Direct Service	Member Development	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 Combined Hours:** \_\_\_\_\_

## Detailed Description of Volunteer Activities Performed *(Who did it benefit & What did you do?)*

**Direct Service Activities:** \_\_\_\_\_

**Member Development Activities:** \_\_\_\_\_

**Fundraising Activities:** \_\_\_\_\_

### Community Volunteers recruited:

Name: \_\_\_\_\_

Hours volunteered this month: \_\_\_\_\_

Description of Service: \_\_\_\_\_

Name: \_\_\_\_\_

Hours volunteered this month: \_\_\_\_\_

Description of Service: \_\_\_\_\_

### Site Supervisor In-Kind Hours for this Month: **Minimum of 2.5 hours, per member, per month**

Site Supervisor Monthly Total of In-Kind Hours: \_\_\_\_\_

Orientation: \_\_\_\_\_

Training: \_\_\_\_\_

Support: \_\_\_\_\_

Service Activities: \_\_\_\_\_

Travel: \_\_\_\_\_

Volunteers: \_\_\_\_\_

Communication with JMGSF/YASC Staff: \_\_\_\_\_

Other (*please describe*): \_\_\_\_\_

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

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

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

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

Staff Use Only

