

For Office Use Only

___ Roster ___ WBRS

___ Email Date _____

TIME LOG

Due by the 10th of the Following Month.
KEEP A COPY FOR YOUR OWN RECORDS!

Member Name: _____ Campus: _____ Service Site: _____

Month: **APRIL 2009**

Term: 300 450 675 900 1700

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	WEEKLY TOTAL HOURS
Week One 4/1 – 4/4	DIRECT SERVICE HOURS								
	MEMBER DEVELOPMENT HOURS								
	FUNDRAISING HOURS								
Week Two 4/5 – 4/11	DIRECT SERVICE HOURS								
	MEMBER DEVELOPMENT HOURS								
	FUNDRAISING HOURS								
Week Three 4/12 – 4/18	DIRECT SERVICE HOURS								
	MEMBER DEVELOPMENT HOURS								
	FUNDRAISING HOURS								
Week Four 4/19 – 4/25	DIRECT SERVICE HOURS								
	MEMBER DEVELOPMENT HOURS								
	FUNDRAISING HOURS								
Week Five 4/26 – 4/30	DIRECT SERVICE HOURS								
	MEMBER DEVELOPMENT HOURS								
	FUNDRAISING HOURS								

- Member Development hours must be no more than 20% of your term hours.
- Fundraising hours must be no more than 10% of your term hours.

_____ Number of additional volunteers recruited this month

_____ Number of hours served this month by additional volunteers listed above

MONTHLY TOTAL DIRECT SERVICE HOURS	
MONTHLY TOTAL MEMBER DEVELOPMENT HOURS	
MONTHLY TOTAL FUNDRAISING HOURS	
TOTAL HOURS THIS MONTH (Direct Service + Member Development + Fundraising)	

Write descriptions of the activities you engaged in this month during the hours reported above.

Description of Direct Service Activities (e.g., Tutored 2 second-graders in reading, assessed 9 patients at clinic, taught math to 35 fifth-graders)	
Description of Member Development Hours (e.g., attended lecture, read article on child development, wrote in journal)	
Description of Fundraising Activities	

Member Signature _____

Date ___/___/___

Supervisor's Signature _____

Date ___/___/___