THE FLORIDA HIPPY AMERICORPS INITIATIVE
MEMBER TIME LOG

MEMBER NAME:_______________________________________ TIME PERIOD:__2/14/10 – 2/20/10__
SITE NAME:_________________________________________ COORDINATOR:________________________

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<tr>
<th>DATE</th>
<th>START TIME</th>
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<th>AMERICORPS HOURS</th>
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TOTAL AMERICORPS HOURS FOR THIS PAGE

TOTAL AMERICORPS HOURS FOR THIS PAGE

TOTAL AMERICORPS HOURS FROM ALL PAGES

TOTAL AMERICORPS HOURS FROM ALL PAGES

Member Certification:
I certify that the above information is true and correct to the best of my knowledge.

Signature:___________________________________________ Date:_____________________________________

Site Supervisor’s Certification:
I certify that I have reviewed the above information for completeness and accuracy to the best of my knowledge.

Signature:___________________________________________ Date:_____________________________________

MEMBER TRACKING:
TOTAL SERVICE HOURS FOR WEEK______  TOTAL TRAINING HOURS FOR WEEK______  PAGE 1 OF______
TOTAL VOLUNTEER HOURS FOR WEEK FROM VOLUNTEER LOG______
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TOTAL AMERICORPS HOURS FOR THIS PAGE | COLUMN A | TOTAL AMERICORPS HOURS FOR THIS PAGE | COLUMN B | COLUMN C