



Corporation for
**NATIONAL &
 COMMUNITY
 SERVICE**

NAME _____

PERIOD ENDING _____

Week One	Date	Fundraising	Training	Service	Total
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Week One Total					

Week Two	Date	Fundraising	Training	Service	Total
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Week Two Total					

Two Week Total				
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Previous Cumulative Total

New Cumulative Total

Member Signature _____ Date _____

Site Supervisor Signature _____ Date _____