

UCAN SERVE AMERICORPS PROGRAM

Member Name: _____ Month: _____

Service Site: _____



Date	Member Development*	Fundraising Hours**	Direct Service	TOTAL
Su				
M				
T				
W				
R				
F				
S				
Week 1 Total				
Su				
M				
T				
W				
R				
F				
S				
Week 2 Total				
Su				
M				
T				
W				
R				
F				
S				
Week 3 Total				
Su				
M				
T				
W				
R				
F				
S				
Week 4 Total				
Su				
M				
T				
W				
R				
F				
S				
Week 5 Total				
MONTH TOTAL				

***Member Development:**

Member Development hours can only account for up to 20% of your total hours.

Member development hours include education, reflection, and/or training you need to perform well in your service project.

Examples:

- Class time providing reflection or learning about your service.
- Professional development opportunities.
- Research.
- Workshops or conferences around your service theme.

300 hour term = 60 member development hours

450 hour term = 90 member development hours

675 hour term = 135 member development hours

900 hour term = 180 member development hours

****Fundraising:**

Fundraising hours can only account for up to 10% of your total hours.

Members may raise funds directly in support of activities for their service project.

Member Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Both the hours and reflections on this form must be completed and signed. ONLY ORIGINAL COPIES

Member Name: _____

Month/Year: _____

REFLECTIONS ON YOUR SERVICE

Describe the service activities you have performed during this month, and some of the results you have seen.

What challenges have you experienced this month in your service, and what steps have you taken to resolve those challenges?

Describe what you are planning to do in the month ahead.

Please provide testimonials (quotes or stories) from your service that illustrate your impact on the organization that you serve, or on the local community.

Statistical Information

Approximate number of clients ____, students ____, patients ____, other _____ served this month.

Describe any changes in progress from last month.

Member Signature: _____

Date: _____

Return the signed original form to your UCAN Serve AmeriCorps Coordinator on campus.