COMMUNITY CARES
COMMUNITY SERVICE & VOLUNTEER LOG

Please use this form monthly. Must be turned in with your montly packet to the program director. Monthly packets must be mailed to TCAC by the 5th of the month.

Please report the total number of volunteer hours that was volunteered this month.

AmeriCorps Members Signature	
Month and Year you are reporting	Month_____Year _____
Name of your Assigned Site & Location	

Date	Volunteer Name	Service Activity	Hours Served
TOTAL NUMBER OF VOLUNTEER HOURS			

Revised 1/08