

NH Recovery Corps Record of Service

Campus Compact for New Hampshire

Name: _____

Month: _____

(NOTE: Each Record of Service is for ONE month's service only)

Site: _____

This form is due to Campus Compact for NH by the 10th of each month.

Please fill in all columns to ensure correct addition and documentation of hours. **Remember that no more than 20% of your hours can be accrued through training/travel.** Calculate your hours in quarter hour increments; round up or down to the closest quarter hour and report hours in decimals: **15 minutes = .25 hours, 30 minutes = .5 hours, 45 minutes = .75 hours.** Please document your activities clearly and concisely on the other side of this form.

AmeriCorps Member Signature _____ Date _____

Site Supervisor Signature _____ Date _____

Remember to complete reverse of this form!

	Week of:	Week of:	Week of:	Week of:	Week of:	
	_____to _____	_____to _____	_____to _____	_____to _____	_____to _____	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
						TOTALS
<i># of Travel/ Training Hrs</i>						
<i># of Service Hrs</i>						
TOTAL HRS.						

NH Recovery Corps Program Record of Service

Campus Compact for New Hampshire

Type of Service <ul style="list-style-type: none"> • Community need • Environmental • Educational • Public safety • Personal development/training 	Number of Recruited Volunteers	Number Served (e.g. # of attendants at a soup kitchen, # of members in tutoring session, # of participants in dialogue...)	Description and Impact of Work (e.g. educated children on healthy eating habits homework scores of tutored students increased, individuals found jobs, six nature trails maintained, 150 holiday gifts donated...)

Please take a few minutes to fill out quantitative and qualitative data for the service that you do in the section below. Attach any additional comments, information, press releases or articles pertaining to your service. This information is vital in assessing the impact of your work. Leave any columns that don't apply blank.

Hours of service performed by volunteers: _____
 Hours of service received by clients: _____
 Total dollar amount of in-kind donated goods and services: _____
 Total dollar amount of monetary grants, discounts, and fundraising: _____