



IDPH AmeriCorps Substance Abuse Prevention Program

Service Hours Verification Form

AmeriCorps Member Name _____ Site Supervisor Name _____

Date Member Received Approval from Site Supervisor _____

Date Member Received Approval from Program Director _____

Service Activities Performed

Date	Description of the Service Activities Being Performed	Hours	Agency/Site Supervisor Signature

Total Hours Served outside of set service schedule _____

Signature of AmeriCorps Member _____
Date

Signature of AmeriCorps Program Director _____
Date