



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 _____