

Member Name:

Agency Name:

Term of Service:

### Member Planned Service Schedule

Day	Time	# Hrs	Core Activity	Vol Cord	Activity/Location
Monday	-				
Tuesday	-				
Wednesday	-				
Thursday	-				
Friday	-				
Saturday	-				
Sunday	-				
<b>Total Weekly Hours</b>					

**Site Supervisors** - please work with each member to complete their Planned Service Schedule. Indicate when & where they will be during the day and the allowable AmeriCorps activities they are performing (i.e., 6:00-8:00 PM, Alameda Park Care & Referral). Also indicate if the member will be performing a "core activity" or "volunteer coordination." Please ensure they will be serving the minimum weekly hours of their AmeriCorps commitment.

This schedule is to be kept in Agency Binder, as well as emailed to [kristyne@liveunitedsbc.org](mailto:kristyne@liveunitedsbc.org) all member schedules will be reviewed to ensure compliance with AmeriCorps regulations and program design criteria. Thanks!