Mississippi Delta Service Corps/ AmeriCorps*VISTA
Bi-Weekly Sign-In Sheet

Member's Name_____ **Weeks of Service**_____

Date	Signature	Time-In	Lunch-Time Out	Lunch-Time In	Time Out	Comments

I certify that the times and activities indicated above are appropriate service hours, accurate and correct, and that none of the activities claimed as service and/or training hours are prohibited by AmeriCorps*VISTA policy.

Site- Supervisor Signature: _____ **Date:** _____