**Monthly Service Time Sheet**

To be completed by **each affiliated chapter member** monthly.

**How this benefits you:**

* Tracks valuable information for scholarships, resumes, and job applications.
* Enhances the support available to your FCCLA Chapter at the local and state levels.
* Teaches valuable work place skills including organizing, tracking and reporting information.

**Types of service:**

|  |  |  |
| --- | --- | --- |
| Type | Definition | Examples |
| Direct service | Activities that require you to have personal contact with people | Working with senior citizens, educating children, etc. |
| Indirect experience | Your work behind the scenes to channel resources to the project rather than working directly with an individual who may need the service | Collecting food for the food bank, cleaning a community park, etc. |
| Advocacy | Service experience that requires you to lend your voice and talents to the effort to eliminate the causes of a specific problem and make the public aware of the program | Distributing literature, conducting presentations, etc. |
| Leadership | Roles you serve in that supports FCCLA programming at the local, district, state or national levels   * Any leadership resulting from service activities should be counted in the service category | Time spent performing officer duties, committee work, etc. |
| Fundraising for chapter operations | Fundraising that support chapter operations only   * Fundraising for other organizations is indirect service | Concession stands, product sales, etc. |
| Work  experience | Work you do that builds your human capital and prepares you for a future career; this can be work for pay or unpaid and should be related to a FCS Career Pathway | Job shadows, internships, attending professional conferences, entrepreneurship (including running a FCCLA business) |
| State Outreach Project | Activities related to the State Outreach Project, The Ultimate Treasure Hunt | (Not limited to): planning meetings, direct participation in challenges, conducting evaluation |

**Directions:** Document details of any activities you, as an affiliated FCCLA member, completes that relate to service or the development of skills required in the workforce. An excel spreadsheet is available for electronic tracking if desired.

1. What I did section:
   1. Indicate the day of the month (per row) and provide a brief description of what you did. This includes activities you complete when gaining work experience or activities completed in conjunction with your FCCLA chapter (activities completed outside of FCCLA chapter programming should not be counted).
      1. Note: if an activity is completed in conjunction with another CTSO, you must select only one CTSO to count the hours.
2. Type of service section:
   1. Record the number of hours spent on that activity. Track all time spent on the activity including research, meetings, preparation and the actual event.
   2. An activity may have more than one type of service. If that occurs, split the total number of hours between the different types of service.
3. Total:
   1. By the 1st of the following month, total your hours per type of service and submit to the designated person in your chapter.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Track the hours you dedicate to service and submit the totals monthly.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What I did** | | **Type of FCCLA or FCS Career Pathway Service**  **(record the number of hours)** | | | | | |  |
| **Date** | **FCCLA Activity** | **Direct Service** | **Indirect Service** | **Advocacy** | **Leader-ship** | **Fundraising for chapter operations** | **Work Experience** | **Notes** |
| *1* | *Eating a Rainbow of Foods workshop for grades 2-3* | *3* |  |  |  |  |  |  |
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| 31 |  |  |  |  |  |  |  |  |
| Total hours per type activity | |  |  |  |  |  |  |  |

**Monthly Chapter Service Report**

****Completed monthly by a Chapter Officer or the Chapter Adviser.

**How this benefits your chapter:**

* Provides tangible data that can be used to promote your program and support fundraising efforts
* Essential to Montana FCCLA’s ability to earn ongoing funding to provide program support
* Makes your chapter eligible for state-level awards including the Montana Chapter STAR Awards Program
* May be used to recognize individual members

**Directions:**

* Monthly time sheets should be completed by each affiliated member.
  + Tip: have chapter members complete their time sheet on an ongoing basis for more accurate and comprehensive data.
  + Tip: have time sheets stored in one centralized location to be easily accessible.
* A chapter service report is due the **5th of every month**. This is all of the individual time sheets compiled into one comprehensive report.
  + Tip: have a Chapter officer responsible for compiling the data.
  + Tip: if a monthly report is missed, that’s okay. Compile the data and submit at any time.
* Report must be submitted electronically on the MT FCCLA website.

Note: We are only tracking affiliated FCCLA members. If an individual is benefiting and participating in FCCLA, they should be an affiliated member.

**What to report on the MT FCCLA website:**

Chapter name:

Name of individual submitting the report:

Title/office:

Total number of affiliated (or soon to be affiliated) chapter members:

Total number of affiliated (or soon to be affiliated) chapter members reporting for this time period:

Month report submitted for:

Total number of hours per service category for ALL affiliated (or soon to be affiliated) chapter members:

* Direct service
* Indirect service
* Advocacy
* Leadership
* Fundraising
* Work experience
* Total chapter hours for all categories for the month

Additional information to submit:

* State Outreach Project Title
* Project goals and objectives\*
* Why did your chapter choose to address this topic or need?\*
* Number of hours spent working on the State Outreach Project
* Number of chapter members involved in any aspect of the project
* Number of people impacted (reached)
* Number of products or goods were made or collected (if applicable)
* Summarize any other results of completing the project. (New partnerships, development of leadership skills, etc.)

\*Only required on first report of the year.

**Goal: submit chapter reports monthly.**