VOLUNTEER MONTHLY REPORT

VOLUNTEER NAME:_____ MONTH:_____ YEAR:_____

TYPE OF ACTIVITY (Check and Fill In)

DATE	PATIENT NAME ID#	OFFICE WORK	THRIFT BARN	FACILITY WORK	DELIVERIES	SPECIAL PROJECTS	ROUND TRIP TRAVEL TIME	TOTAL WORK TIME	TOTAL MILES DRIVEN

TOTALS _____ _____ _____