

Volunteer Activity REPORT

Volunteer Information

Volunteer Name: _____ Today's Date: _____

Activity

Date	Person Served	Type of Activity	Time	Miles	Notes:

Total Mileage Reimbursement Requested: _____

Activity Types

- | | |
|---|---|
| T Transportation | FV Friendly Visiting <i>In person visits</i> |
| D Delivery | TR Telephone Reassurance <i>Telephone Calls</i> |
| H Homemaking <i>Light Housework</i> | R Respite |
| C Chore <i>Yard work, laundry, heavy housework</i> | BOD Board of Directors |
| | O Other – <i>Office help, Events/Fundraisers, etc.</i> |

Submitting Reports

Please report your activity by the 5th of the following month. You may submit your report by:

Mail: Interfaith Caregivers, PO Box 82, Blue Earth, MN 56013 **Fax:** 507-526-4442

Email: Info@interfaithcaregivers.net **Webpage:** www.interfaithcaregivers.net/volunteers

In person: 301 N. Main St., Blue Earth. **Telephone:** 507-526-4684

Download additional forms at: www.interfaithcaregivers.net/volunteers