

VOLUNTEER TIME REPORT

Month _____ Year _____

Your VID # _____ Volunteer's Name: _____ Total _____ page(s)

- | | | | |
|-------------|------------------------------------|-------------------------------|------------------------|
| Service ID# | 1. Friendly visits | 6. Yard work | 11. Public Relations |
| | 2. Friendly phone calls | 7. Light housework | 12. Help in FIA office |
| | 3. Transportation (with client) | 8. Chores | 13. Fundraiser Help |
| | 4. Caregiver relief / Respite care | 9. Errands (without client) | |
| | 5. Minor home repairs | 10. Shopping (without client) | |

***If service provided to more than one client, please list each client name and services below.**

DATE	START TIME	END TIME	Time Spent		Client(s) Name	Service ID# (see above)	Transportation Only	
			HRS.	MINS.			MILES roundtrip	Where To
TOTAL TIME					TOTAL MILES			

Volunteers Signature: _____ Date: _____
 FIA Staff Signature: _____ Date: _____

INSTRUCTIONS:

Please fill out a separate sheet for each month you accumulate hours using a separate sheet for each person you help.
(EXCEPTION: Volunteer Drivers and Chore/Repair workers may use one form for all the people they transport in a single month and need to identify the client in the "Where To" column. Round all times up to the nearest 1/2 hour.

Sign and return your reports **by the 5th of the month to the address above by mail, fax, e-mail or in person.**
 If you have difficulty returning your time sheet, please call your hours into the office at (734) 243-2233.

**Please remember how important it is for us to have an accurate record of all your time.
 Your cooperation in completing this form ensures continued funding for Monroe County Seniors.**

Remember, you are the Faith in Action program.
 my documents/volunteer forms/volunteer timesheet