Volunteer Report

Volunteer Name:_____

Interfaith Caregivers of Polk County, PO Box 65, Milltown, WI 54858 (715) 825-9500 Email: info@interfaithpolk.org

Date of Service	Client Name(s)	Total Miles	Total Hours	Service Provided	1st Destination or Comments	2nd Destination	3rd Destination	4th Destination

Report can be returned weekly or at the end of each month – by the 10th of the following month

Date of Service: Month, day and year

Client Name(s): Name of client and also name of individual(s) accompanying client

Total Miles: Number of miles from when you leave your driveway to when you return to your driveway

Total Hours: Time is takes from when you leave your house to when you return to your house

Service Provided: Type of service you provided, examples: ride, housekeeping, friendly visit, minor repairs, yard work, delivery, etc.

1st, 2nd, 3rd, 4th, Destination (or Comments): Name(s) of *every* place client(s) was driven to, examples: Amery Hospital, SCRMC, Hauge Dental, MarketPlace, Dick's, Ace Hardware, WalMart, Dollar General, Post Office, etc. Use as many columns as necessary in order to enter all the places you took the client. This space may also be used to leave a comment regarding the service you provided.