Community Caregivers
Building a Caring Community

2113 Western Avenue, Guilderland, NY 12084
Phone (518) 456-2829 - Fax (518) 456-2895

REPORT OF VOLUNTEER SERVICE
TIME AND MILEAGE

1) VISITATION
2) TRANSPORTATION
3) CAREGIVER'S RESPITE
4) SHOPPING
(include library & prescription errands)
5) PHONE REASSURANCE
7) CHORES/REPAIRS
10) MEALS
11) HOUSEKEEPING
12) PAPERWORK
13) OFFICE & ADMINISTRATION
(include time spent on CC meetings, projects, committees, etc.)

Volunteer's Name _____

Month: _____

Write it down!

Client: (A) _____ (D) _____
(B) _____ (E) _____
(C) _____ (F) _____

Client	Date of Service	Time Spent on Service	Mileage	Service Performed

Don't Forget!! **PLEASE SUBMIT TIME AND MILEAGE BY THE END OF THE MONTH.** ***Thanks!***

Please use this space for your observations and concerns about the client(s) you assisted and/or your volunteer experience. (Use back of page for more space.)

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