



# REPORT OF VOLUNTEER SERVICE TIME AND MILEAGE

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- 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 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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