FAITH IN ACTION, CRAWFORD COUNTY

Monthly Volunteer Timesheet

Month _____20_____

Volunteer Name: _____

Use either the number or name as shown here to record services in the timesheet below. Please forward this sheet to the Faith In Action office by the 5th of the following month. Thank You!

1 – Visiting
2 – Meal Preparation
3 – Letter Writing/Record Keeping/Clerical
4 – Respite Care
5 – Office Assistance (FIA office)
6 – Transportation-
7 – Shopping for/with Care Receiver
8 - Help around the house
9 – Telephone Reassurance
10 - Yard work/Snow Removal
11 – Fund-raising
12 – Other – (Please give description)

FYI

Hospital, clinic, city and miles are very important as we attempt to collect statistics on the many institutions Faith In Action serves.

Thanks for your help!

SERVICE PROVIDED	DATE	TOTAL HOURS	CARE RECEIVER	MILES	HOSPITAL NAME	CLINIC NAME	CITY/STATE