

Living at Home of the Park Rapids Area Report of Volunteer Respite Hours

Please mail this form at or before the END of the month. Thank you!

Please round to the nearest ¼ hour

Date	Care Receiver	Type of Contact	Home Visit	Comments/ Concerns	Time Spent with the senior	Number of Miles driven (round trip)	Time spent driving to/from assignment	Reimburse Mileage? (circle yes or no)
		Respite	Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No
			Yes No					Yes No

Remarks _____

SIGNATURE _____ DATE _____

Please return this completed form to Living at Home of the Park Rapids Area

Mail to
PO Box 465
Park Rapids, MN 56470

e-mail to:
volunteer@parkrapidslivingathome.org

Fax to
218-237-3137

Deliver to
120 North Main, PR