

Due by the
5th of the
month
following
service

Living at Home of the Park Rapids Area

M

Report of Volunteer Hours

Volunteer's Name _____
(Please print)

Please round to the nearest ¼ hour

Date	Care Receiver (First and Last Name)	Type of Service (See below)	Home Visit?		Comments/Concerns	Time Spent (include all phone time, driving time, and time with the senior)	Number of miles (round trip)	Did Care Receiver accompany you? (circle yes or no)		Reimburse Mileage? (circle yes or 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
			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
						Total Miles					

Type of Service:

Fundraising(FUND) Gardening(G) Handyman(H) Housekeeping(HK) Meetings(MTG)
Ramp Building(RMP) Shopping/Errands(SE) Transportation(T) Telephone(TEL) Training(TRN) Visiting(VST)

Remarks _____

SIGNATURE _____ DATE _____

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
(9/17)