

OFFICE VOLUNTEER REPORT

Date: _____ Time Activity Begins: _____ Ends: _____

Total Activity Time: _____

Odometer Reading Start: _____ Stop: _____ Total Miles: _____

Total Travel Time: _____

_____ Board of Trustees/Executive Board Meeting

_____ Courier

_____ Fundraising Committee Meeting

_____ Fundraising Project: _____

_____ In-service: _____

_____ Memorial Service

_____ Office/Administrative Support: _____

_____ Special Event: _____

_____ Volunteer Meeting

_____ Volunteer Training Class

_____ Workshop (Outside): _____

_____ Other: _____

Volunteer: _____ * Date: _____
(signature*)

Manager of Volunteer Services: _____ Date: _____
(signature)

***BLACK INK ONLY (no other color is Medicare-compliant)**

Return to Farrah Harrison, MVS; HRC, PO Box 281, Wentworth, NC 27375