

Name: _____

Month/Year: _____

Volunteer Service Provided: _____

Name of Client: _____

Thank you for taking the time to document your volunteer activity. This record of time spent, services provided, and miles driven on behalf of the Knox County Homeless Coalition is not only greatly appreciated; it will help us to continue developing client programming, in the future. The information requested on this form is also required for many grant applications and audits. We are grateful for all you do for our organization!

No hours to report? Check here:

Please make sure you record each volunteer activity on a separate line. Round hours and miles to .25

Date (mm/dd/yy)	Client *	Volunteer Activity **	Hours Worked	Miles Driven
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total Hours:	Total Miles:

* If the same as listed above, then you can leave this column blank.

** If you only listed and performed one volunteer service, then you can leave this column blank.

Mark each box below that applies to your mentee in this reporting month:

- Doing fine, no significant changes
- Had a dramatic change in health (Describe: _____)
- Showing increased need for help (Describe: _____)
- Showing decreased need for help/showing marked improvement in functioning
(Describe: _____)

Comments: _____

Please fill this out and return it the last day of each month.

You can drop the form off at our Hospitality House location (169 Old County Rd., Rockport, ME 04856); you can mail it to Knox County Homeless Coalition, P.O. Box 1696 Rockland, ME 04841 Attn: Volunteer Coordinator; or you can email it to: info@homehelphope.org