Due by the 5th of the month following service

Living at Home of the Park Rapids Area

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)	Date of call	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
					Total Miles			

Type of Service:
Fundraising(FUND) Yardwork/Raking(Y) Handyman(H) Housekeeping(HK) Meetings(MTG) Respite (R) Caregiver Closet (CGC)
Office, Reception, Dining Room (O) Shopping/Errands(SE) Transportation(T) Telephone(TEL) Training(TRN) Friendly Visit(VST)
Afternoon Out (AO)

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
218 Industrial Park Rd
Park Rapids, MN 56470

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