



Volunteer Time Sheet

Month: _____ Year: _____ Volunteer Name: _____

Time spent, services provided, and miles driven on behalf of *Eastside Friends of Seniors* clients is not only greatly appreciated but is **required information** for grant applications and audits.

Record each activity by date and each activity on a separate line. Round hours and miles to .25

No hours to report? Check here: _____

| DATE | CLIENT'S NAME | SERVICE(S) PROVIDED | HOURS | MILES DRIVEN |
|------|---------------|---------------------|-------|-----------------|
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MARK EACH BOX BELOW THAT APPLIES TO YOUR CLIENT(s) IN THIS REPORTING MONTH:

- ☐ Doing fine, no significant changes
- ☐ Had a dramatic change in health (Describe: _____)
- ☐ Showing increased need for help (Describe: _____)
- ☐ Went/was admitted to a hospital (for: _____)
- ☐ Moved to a family member's home, an adult family home, an assisted living facility, or a skilled nursing home

MAY WE CONTINUE YOU ON ACTIVE STATUS? ☐ Yes ☐ No

Comments: _____

**PLEASE COMPLETE THIS FORM AND SEND BACK BY THE 5TH OF THE MONTH VIA E-MAIL TO:
TimeSheets@EastsideFriendsOfSeniors.ORG**