**Volunteer Report Volunteer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Interfaith Caregivers of Polk County, PO Box 833, St. Croix Falls, WI 54024 (715) 483-8500 Email: info@interfaithpolk.org

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Service** | **Client Name(s)** | **Total Miles** | **Total Hours** | **Service Provided** | **1st Destination****or Comments** | **2nd Destination** | **3rd Destination** | **4th Destination** |
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*Report can be returned weekly or at the end of each month – by the 10th of the following month*

**Date of Service**: Month, day and year

**Client Name(s)**: Name of client and also name of individual(s) accompanying client

**Total Miles**: Number of miles from when you leave your driveway to when you return to your driveway

**Total Hours**: Time is takes from when you leave your house to when you return to your house

**Type of Service Provided**: examples: ride, housekeeping, friendly visit, minor repairs, yard work, delivery, etc.

**1st, 2nd, 3rd, 4th, Destination for Rides (or Comments)**: Name(s) of *every* place client(s) was driven to, examples: Amery Hospital, SCRMC, MarketPlace, Dick’s, Ace Hardware, WalMart, Dollar General, Post Office, etc. Use as many columns as necessary in order to enter all the places you took the client. This space may also be used to leave a comment regarding the service you provided.