THE CENTER FOR VOLUNTEER CAREGIVING
"neighbor helping neighbor"
www.volunteercaregiving.org
975 Walnut Street • Suite 311 • Cary, NC 27511 • (919) 460-0567 Bus • (919) 466-8029 Fax • caregiving@ctrvolcare.org Email

Volunteer Time Sheet

Volunteer First Name: _____ Last Name: _____
For the Month of _____ Year: _____

Congregation Name (if applicable): **Coordinator Name:**

_____ _____

- **Please enter the FIRST+LAST Names of your Care Receivers for clear identification**
- **Use your best estimate of Time and Mileage**

Date	Care Receiver's Name	Service Provided	Volunteer Time (hrs.)	Mileage

Your reported efforts allow The Center to qualify for public funding, comply with grant requirements, and provide data for policy making decisions. Your cooperation is greatly appreciated.

Comments/Concerns:

_____ Please call me for further discussion of concerns/comments

Thank you for making a difference in someone's life!