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

Volunteer Time Sheet

Name of Volunteer (first & last): _____

For Month(s) of _____ Year: _____

Partner Organization Name: _____ Coordinator Name:_____
(if applicable)

- **Please enter the FIRST & LAST Names of your Care Receivers for clear identification**
- **Use your best estimate of Time and Mileage, rounding to nearest ½ hour or ½ mile.**

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.

Date	**Care Receiver's Name**	**Service Provided**	**Time** w/ CR, in service	**Mileage** from your starting destination

List of Services:
Visiting
Telecare
Yardwork
Housekeeping
Chores-other
Paperwork
Shopping/Errands (for CR)
Trans - medical
Trans - shopping
Trans - other/describe
Respite-Dementia
Respite-other

Comments/Concerns: (especially about a CR's changing condition)

_____ Please call me for further discussion of concerns/comments

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