

**VOLUNTEER MONTHLY TIME AND MILAGE RECORD
DUE BY THE 10TH OF THE MONTH FOLLOWING SERVICE**

Faith in Action of Edgar County
210 E. Court St. ~ Ste B
Paris, IL 61944

Name of Volunteer: _____ **Month:** _____ **Year:** _____

Person Receiving Care	Service Provided	Date	Hrs./Min.	Miles

1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

TOTAL HOURS FOR MONTH

TOTAL MILES DRIVEN FOR MONTH

PLEASE REPORT MY HOURS TO

(organization/if applicable)

LIST OF SERVICES and CODE NUMBER

- | | |
|-----------------------------------|-----------------------------------|
| 1. Transportation | 7. Small Home Fix-it Jobs |
| 2. In Home Visiting | 8. Respite Care |
| 3. Shopping/Errand/Running | 9. Sewing/Mending |
| 4. Light Housekeeping | 10. Laundry |
| 5. Yard Work/Snow Removal | 11. Meal Preparation |
| 6. Telephone Contacts | 12. Other (Please Explain) |

Volunteer monthly time sheet