People Who Care Quarterly Volunteer Report Side 1

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jan-Mar Apr-June July-Sept Oct-Dec Year \_\_\_\_\_ Circle Quarter

Your Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Do you want to change the help you provide? Contact your local Program Manager to have this updated.

Present Availability (*Circle all the days and times you may be available to help)*

 Mon am Tues am Wed am Thu am Fri am Sat

 pm pm pm pm pm

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| --- | --- | --- | --- | --- | --- |
| Date | Amount of time (incl. travel time) | Neighbor | Assistance providedi.e. transportation,shop with, etc. | **Specific Destination(s)**  | Round trip mileage (only if Itemizing for taxes) |
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|   | Side 1Subtotal: |  |  |  | Side 1Subtotal:  |

People Who Care Quarterly Volunteer Report Side 2

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jan-Mar Apr-June July-Sept Oct-Dec Year \_\_\_\_\_ Circle Quarter

Your Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date | Amount of time (incl. travel time) | Neighbor | Assistance providedi.e. transportation, shop with, etc. | **Specific Destination(s)**  | Round trip mileage (only if Itemizing for taxes) |
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|  | Side 2Subtotal: |  |  |  | Side 2Subtotal: |
|  | Side 1Subtotal |  |  |  | Side 1Subtotal |
| Total:  | Total: |  |  |  |  |