METHOW VALLEY GUARDIAN ANGELS
Bi-Monthly Individual Volunteer Timesheet

Volunteers Name: ____________________

Months ___January___ & ___February___ Year ___2020___

Program Name ___GA Volunteer Visitor___

Care Receiver ____________________

Type of Service
1. Administrative, Office
2. Board: Committee, Liaison
4. Train Volunteers
6. Chores, Household repair
7. Friendly Visiting
9. Shopping
10. Telephone Reassurance
11. Transportation
12. Other

Date	Services Provided	Total Hours	Miles	Comments