METHOW VALLEY GUARDIAN ANGELS

Bi-Monthly Individual Volunteer Timesheet

Volunteers Name: _____

Months _____ & _____ Year _____

Program Name: GA Volunteer Visitor

Care Receiver: _____

Type of Service:

1. **Administrative, Office**
2. **Board: Committee, Liason**
3. **Train Volunteers**
4. **Chores, Household Repair**
5. **Friendly Visiting**
6. **Shopping**
7. **Telephone Reassurance**
8. **Transportation**
9. **Other**

Date	Services Provided	Total Hours	Miles	Comments