

**Service Codes**

 **10 Friendly Visits**

 **20 Transportation**

 **21 Medical Transportation**

 **40 Shopping**

 **50 Friendly Phone calls**

 **61 Card Ministry**

 **81 Liaison Referrals**

 **82 Assessment Referrals**

**132 Office/Clerical**

**141 Board/Committee**

**142 Fundraising**

**143 Home Maintenance**

**Monthly Individual Volunteer Timesheet**

**Month:** Choose an item. **Year:** Choose an item.

**Volunteer Name:**

**Congregation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Service Provided | Total Hours | Miles | Care Receiver | Destination/Notes |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |

**\*Report miles for transportation only, it is for data entry purposes only \*Faith in Action thanks you for your generous donations of time and mileage**