VOLUNTEER ACTIVITY LOG

Date	Client Name	Volunteer Name	# Hours	Location Traveled	# Miles
M/D/Y	Last, First	Last, First		Address & City	

Volunteer's Signature_____Supervisor's Signature_____Date_____

Are you under age 55? Yes_____ No_____ Senior Resource Services

Please return form to the SRS Office at 1802 16th Street, Greeley or Fax to 352-5437 **no later then the 7th day of the following month.**