Faith in Action GHA

PO Box 117, Hornell NY 14843

Volunteer_____ **Volunteer Monthly Report**

Month/Year_____ Coordinator_____ Network_____ Phone_____

Please use one line for each service provided.

Date	Care Recipient	Service Provided	# of Contacts	# of Hours	CODE Social/ Medical	TP Miles	MED TP 1 way= 1 unit	Comments	I want mileage for this trip ** (✓)

Services Codes

FV – Friendly Visits
HK – Housekeeping
HR – House Repairs
NV-Nursing Home Visit
RC – Respite Care
S – Shopping/errands
TC – Telephone Calls
YW – Minor Yard Work
O - Other
PB – Paying Bills
TP – Transportation

Please record changes in volunteer or care receiver status on reverse side.
**** Mileage paid for transportation, nursing home visits, and shopping**