

Little Brothers – Friends of the Elderly

Volunteer Time Report Due by the 3rd day of each month

Volunteer's Name: _____

Program Coordinator: _____

Volunteer Position(s): _____

Year: _____

Month (*Please check one box*):

Jan Feb March April May June July Aug Sept Oct Nov Dec

Instructions:

- **Please return to your program coordinator by the 3rd day of the month via email, fax or mail.**

LBFE office fax: 612-721-5848

Please refer to the [staff list on our website](#) to access your program coordinator's email

- Please track your time to the nearest quarter of an hour (e.g. one hour and 45 minutes = 1.75)
- Additional sheets may be used as needed; please don't combine several months on one sheet
- In the Elder Name column, please use the assigned elder's full name. If not involved with elder, write NA.

Date of Contact	Elder Name	Volunteer Hours (include travel time)						Rides
		Visit with Elder	Friendship & Flower Visit	Phone Contact with Elder	Letter /Card Contact with Elder	Clerical or Office Tasks	Other – Describe	Did you provide client a ride? Please enter yes or no
<i>Example: 3-10-10</i>	<i>Jane Doe</i>	<i>1.75</i>						Yes
TOTALS								

Comments regarding any elders (please name the elder):

