



Volunteer Monthly Activity Report For Month of: _____

Program: Guardian Program

Name: _____

Address: _____

Coordinator: Katie Campbell MSW, LISW

**Admin office will fill in the totals, please only fill in start and stop time / start and stop mileage.

DATE	Activity	Start Time	End Time	Total Time (For Admin Office Use Only)	MILEAGE		
					Beginning Odometer or Beginning Address	Ending Odometer or Ending Address	Total Mileage (For Admin Office Use Only)
For Office Use Only				TOTAL VOLUNTEER TIME:	TOTAL MILES:		
					Mileage Reimbursement Rate Per Mile:		\$0.50
					Total Reimbursement:		

Comments: _____

Date of Last Home Visit: _____

(CASA ONLY) Address of Child: _____

Volunteer Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____