

<b>Volunteer Name:</b>	<b>Signature:</b>	<b>Month:</b>	<b>Year:</b>
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Enter Date	Date:	Date:	Date:	Date:	Date:	↓ Enter TOTALS ↓
<b>ADM Section</b>	<input type="checkbox"/> Clerical Support <input type="checkbox"/> Call Support <input type="checkbox"/> ADM Specific Training  Enter Time <b>Administrative Time = _____</b>	<input type="checkbox"/> Clerical Support <input type="checkbox"/> Call Support <input type="checkbox"/> ADM Specific Training  Enter Time <b>Administrative Time = _____</b>	<input type="checkbox"/> Clerical Support <input type="checkbox"/> Call Support <input type="checkbox"/> ADM Specific Training  Enter Time <b>Administrative Time = _____</b>	<input type="checkbox"/> Clerical Support <input type="checkbox"/> Call Support <input type="checkbox"/> ADM Specific Training  Enter Time <b>Administrative Time = _____</b>	<input type="checkbox"/> Clerical Support <input type="checkbox"/> Call Support <input type="checkbox"/> ADM Specific Training  Enter Time <b>Administrative Time = _____</b>	<b>Total Administrative Time</b>
<b>BER Section</b>	<b>Bereavement Support:</b> <input type="checkbox"/> Clerical Support <input type="checkbox"/> Call Support <input type="checkbox"/> Group Support Other: _____  Enter Time <b>Bereavement Time = _____</b>	<b>Bereavement Support:</b> <input type="checkbox"/> Clerical Support <input type="checkbox"/> Call Support <input type="checkbox"/> Group Support Other: _____  Enter Time <b>Bereavement Time = _____</b>	<b>Bereavement Support:</b> <input type="checkbox"/> Clerical Support <input type="checkbox"/> Call Support <input type="checkbox"/> Group Support Other: _____  Enter Time <b>Bereavement Time = _____</b>	<b>Bereavement Support:</b> <input type="checkbox"/> Clerical Support <input type="checkbox"/> Call Support <input type="checkbox"/> Group Support Other: _____  Enter Time <b>Bereavement Time = _____</b>	<b>Bereavement Support:</b> <input type="checkbox"/> Clerical Support <input type="checkbox"/> Call Support <input type="checkbox"/> Group Support Other: _____  Enter Time <b>Bereavement Time = _____</b>	<b>Total Bereavement Time</b>
<b>Other Section</b>	<input type="checkbox"/> Orientation Training <input type="checkbox"/> In-service/Workshop Title: _____  <b>Training: _____</b>	<input type="checkbox"/> Orientation Training <input type="checkbox"/> In-service/Workshop Title: _____  <b>Training: _____</b>	<input type="checkbox"/> Orientation Training <input type="checkbox"/> In-service/Workshop Title: _____  <b>Training: _____</b>	<input type="checkbox"/> Orientation Training <input type="checkbox"/> In-service/Workshop Title: _____  <b>Training: _____</b>	<input type="checkbox"/> Orientation Training <input type="checkbox"/> In-service/Workshop Title: _____  <b>Training: _____</b>	<b>Total TRAINING Time</b>
	<b>Foundation Support</b> <input type="checkbox"/> Event <input type="checkbox"/> Clerical <input type="checkbox"/> Other:  <b>Foundation: _____</b>	<b>Foundation Support</b> <input type="checkbox"/> Event <input type="checkbox"/> Clerical <input type="checkbox"/> Other:  <b>Foundation: _____</b>	<b>Foundation Support</b> <input type="checkbox"/> Event <input type="checkbox"/> Clerical <input type="checkbox"/> Other:  <b>Foundation: _____</b>	<b>Foundation Support</b> <input type="checkbox"/> Event <input type="checkbox"/> Clerical <input type="checkbox"/> Other:  <b>Foundation: _____</b>	<b>Foundation Support</b> <input type="checkbox"/> Event <input type="checkbox"/> Clerical <input type="checkbox"/> Other:  <b>Foundation: _____</b>	<b>Total FOUNDATION Time</b>
	<input type="checkbox"/> Sewing/Knitting <input type="checkbox"/> Other:  <b>Gift Making: _____</b>	<input type="checkbox"/> Sewing/Knitting <input type="checkbox"/> Other:  <b>Gift Making: _____</b>	<input type="checkbox"/> Sewing/Knitting <input type="checkbox"/> Other:  <b>Gift Making: _____</b>	<input type="checkbox"/> Sewing/Knitting <input type="checkbox"/> Other:  <b>Gift Making: _____</b>	<input type="checkbox"/> Sewing/Knitting <input type="checkbox"/> Other:  <b>Gift Making: _____</b>	<b>Total GIFT MAKING Time</b>
	<input type="checkbox"/> Karaoke/Music <i>Places performed:</i> _____ _____  <b>Karaoke/Music: _____</b>	<input type="checkbox"/> Karaoke/Music <i>Places performed:</i> _____ _____  <b>Karaoke/Music: _____</b>	<input type="checkbox"/> Karaoke/Music <i>Places performed:</i> _____ _____  <b>Karaoke/Music: _____</b>	<input type="checkbox"/> Karaoke/Music <i>Places performed:</i> _____ _____  <b>Karaoke/Music: _____</b>	<input type="checkbox"/> Karaoke/Music <i>Places performed:</i> _____ _____  <b>Karaoke/Music: _____</b>	<b>Total KARAOKE/MUSIC Time</b>
	<input type="checkbox"/> Event _____  <b>Event: _____</b>	<input type="checkbox"/> Event _____  <b>Event: _____</b>	<input type="checkbox"/> Event _____  <b>Event: _____</b>	<input type="checkbox"/> Event _____  <b>Event: _____</b>	<input type="checkbox"/> Event _____  <b>Event: _____</b>	<b>Total EVENT Time</b>
<b>Miles Driven</b>	Miles: _____	Miles: _____	Miles: _____	Miles: _____	Miles: _____	<b>Total Miles</b>