Hearts and Hands:
Faith in Action
50 John Street
Akron, NY 14001
716-542-2226

TEAM

	AKRON
	ALDEN

VOLUNTEER TIME SHEET AND STATS

NAME _____

MONTH _____

Please complete this form in its entirety and return to the HH Office by the 5th of the next month.

DATE	Care Receiver Served	Service Code	Time	Mileage	Reimburse? YES or NO	COMMENTS:
		Total→ Time			**← Total Miles**	

Service Codes

1 Visit/Read
2 Letter/Bill Writing
3 Phone Call Visit
4 Meals/Get Groceries
5 Respite

Transportation:

6 Worship
7 Errands/Shopping
8 Medical Appts.
9 A/N Sr. Ctr.
10 Other

Location:

A Akron/Newstead
B Amh/Clar/Wmsv
C Batavia
D Buffalo
E Other
F Alden
G Cheektowaga

(Ex.Take CR to Dr. in Batavia would be recorded as 8C.)

11 Minor Home Repair
12 House Cleaning
13 Outside/Yard Work
N1 Board/Committee
N2 Fund Raising
N3 Direct Appeal
N4 Grants
N5 Special Projects
N6 Office Help
N7 Office Cleaning
N8 Newsletter/Writing
N9 Speakers Bureau
N10 HH Historian/Scrapbook
N11 HH Bulletin Board
N12 Other

8/06 sc

THANK YOU for your service to our care receivers and cooperation in the completion of this form!