



Volunteer Service Record

Time Period From: _____ To: _____

- Service for a specific client / family. *Name of client:* _____
- General service, not for a specific client

Volunteer Name: _____

Phone: _____

Address: _____

Email: _____

<i>Volunteer: Please Complete These Sections</i>				<i>Client Initials</i>
Date	Service(s) Performed	No. of Hours	No. of Miles*	
TOTALS				

<i>USCRI use only:</i>		
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I certify to my knowledge that the above information is correct and complete.

** include miles only if you provided transportation to the client in your vehicle*

Volunteer Signature _____ Date _____

Staff init: _____

DB

****Please return form by the end of each month****

Please include any general notes, questions, or feedback on a separate sheet

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Thank you for your service!