



VOLUNTEER SERVICE REPORT

VOLUNTEER NAME _____

TIME SPENT _____ HOURS _____ MINUTES

Please rate your experience:

Excellent _____, Good _____, Fair _____, Poor _____

If not Excellent, how can your experience be improved next time?

Do you have any concerns about the Member that you'd like us to check further?

Are you still able to volunteer at least two times per month? _____

Would you like to be the first volunteer called for this client? _____