

Bellingham At Home Volunteer Hours

Name _____ Month/Year _____

Form must be completed and submitted to barb.evans@bellinghamathome.org by the first of the month.

| Date | Total Hours Volunteered | Please note location: | |
|---|----------------------------|-----------------------|-----------|
| | | *Office | **In Home |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
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| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |
| 27 | | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| Total | | | |
| *Office – administrative work; meetings, presentations, talks, etc. | | | |
| **In Home – In a client’s home or transporting client. | | | |