

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			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
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.			