

INDIRECT SERVICE (i.e. Bd of Directors, Committees) should also report hours.

Please fold this portion to the inside to maintain client confidentiality.

For agency statistics, JFS requests a report for each volunteer position in which you serve. Please take the time to itemize your hours per program.

Program / client name #1: _____

Program / client name #2: _____

Program #1 Hours served in July____ Hours served in Aug. ____ Hours served in Sept. ____ = Total: _____

Program #2 Hours served in July____ Hours served in Aug.____ Hours served in Sept.____ = Total _____

Miles for July	_____+
Miles for Aug.	_____+
Miles for Sept.	_____+
=TOTAL NUMBER MILES THIS QUARTER _____	
Total Number Hours This Quarter _____	

REPORT HOURS BY MAIL, EMAIL Andrea Robertson at arobertson@jfsmilw.org, or CALL 414-225-1336

September 2019

SUN	MON	TUE	WED	THU	FRI	SAT
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					

Fold Here _____

Name _____



Return this activity report by Oct. 18, 2019

Jewish Family Services
Volunteer Services Department
1300 N. Jackson Street
Milwaukee, WI 53202



Volunteer Activity Report

3rd Quarter 2019

Please return this report by October 18, 2019

Volunteer Name: _____

July 2019

SUN	MON	TUE	WED	THU	FRI	SAT
	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			

August 2019

SUN	MON	TUE	WED	THU	FRI	SAT
				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