

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

Miles for April _____+
 Miles for May _____+
 Miles for June _____+

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 April _____ Hours served in May _____ Hours served in June _____ = Total: _____

Program #2 Hours served in April _____ Hours served in May _____ Hours served in June _____ = Total _____

=TOTAL NUMBER
 MILES THIS
 QUARTER _____

Total Number
 Hours This
 Quarter

REPORT HOURS BY MAIL, EMAIL: Crystiana Schlitz at 414-225-1390 and email: cschlitz@jfsmilw.org.

June 2020

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 July 17, 2020

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



Volunteer Activity Report

2nd Quarter 2020

Please return this report by July 17, 2020

Volunteer Name: _____

April 2020

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		

May 2020

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						