

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

Miles for Jan. \_\_\_\_\_+  
 Miles for Feb. \_\_\_\_\_+  
 Miles for Mar. \_\_\_\_\_+

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 Jan. \_\_\_\_\_ Hours served in Feb. \_\_\_\_\_ Hours served in March \_\_\_\_\_ = Total: \_\_\_\_\_

Program #2 Hours served in Jan. \_\_\_\_\_ Hours served in Feb. \_\_\_\_\_ Hours served in March \_\_\_\_\_ = 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.

## March 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				

Fold Here \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Stamp

**Return this activity report by April 17, 2020**

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



# Volunteer Activity Report

## 1st Quarter 2020

**Please return this report by April 17, 2020**

Volunteer Name: \_\_\_\_\_

### January 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	

### February 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