Volunteer Name: _____

Month and Year: _____

	Ada Carey Center										Resource Center									
Day of the Month	Answer Shelter Hotline	Grocery Shopping	Lead Children's Activity Group	Lead Adult Activity Group	Clerical	Client Transportation	Intervention (Emotional Support	Maintenance and Repairs	Sorting & Deliver of Donations	Other (_____)	Answer Office Telephones	Grocery Shopping	Food Pantry	Clerical	Adult Activity Group	Children's Activity Group	Maintenance and Repairs	Sorting & Delivery of Donations	Other (_____)	Other (_____)
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:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

X _____

Volunteer's Signature

_____

Supervisor