



Activity Record

Services for the month of: _____

Year: _____

Volunteer Name: _____

Date	Client Name	Activity Type (Housework, Visit, Transportation, etc)	Direct Service Hours*	Mileage** (Commute)	Mileage*** (Transport)

I would like my Transport Miles tracked for reimbursement: Yes No

Comments (please attach additional pages if needed):

Volunteer Signature
Date

Program Coordinator
Date

*Direct Service Hours includes the entire time from the volunteer leaving home until returning home from providing service
 **Commute mileage is the distance from the volunteer's home to the client's home and back
 ***Transport mileage covers the miles driven with the client in the car

First Class
Postage
Required

Wilshire Community Services
Attn: Senior Service Coordinator
285 South Street, Suite J
San Luis Obispo, CA 93401