MONTHLY ACTIVITY SUMMARY

(Complete and send to the Volunteer Coordinator by the 5th day of the following month.)
Send to: 1950 Sunwest Lane, Suite 200
San Bernardino, CA 92415
Office Code: 0019
Attn: Susan "Sue" Abito, 909-252-4045, fax: 909-252-4055

Name _____

Program and City: _____

Report Month and Year: _____

Telephone #:_____Date Completed: _____

VOLUNTEER SERVICES LOG

Description of Activity	Group performed for/with	# of Hours
	TOTAL # OF HOURS	

_____ _____

VOLUNTEER SIGNATURE DATE SUPERVISOR SIGNATURE DATE