

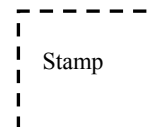
| | | | | | | |
|--|--|-----------------------|-----------------------|-----------------------|--|--|
| <p>INDIRECT SERVICE (i.e. Bd of Directors, Committees) should also report hours.</p> <p>Please fold this portion to the inside to maintain client confidentiality.</p> <p>For agency statistics, JFS requests a report for each volunteer position in which you serve. Please take the time to itemize your hours per program.</p> <p>Program / client name #1: _____</p> <p>Program / client name #2: _____</p> <p>Program #1 Hours served in Apr ____ Hours served in May ____ Hours served in Jun ____ = Total: _____</p> <p>Program #2 Hours served in Apr ____ Hours served in May ____ Hours served in Jun ____ = Total: _____</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Miles for Apr _____ +</td> </tr> <tr> <td style="padding: 2px;">Miles for May _____ +</td> </tr> <tr> <td style="padding: 2px;">Miles for Jun _____ +</td> </tr> <tr> <td style="padding: 5px; text-align: center;"> =TOTAL NUMBER MILES THIS QUARTER _____ </td> </tr> <tr> <td style="padding: 5px; text-align: center;"> Total Number Hours This Quarter _____ </td> </tr> </table> | Miles for Apr _____ + | Miles for May _____ + | Miles for Jun _____ + | =TOTAL NUMBER MILES THIS QUARTER _____ | Total Number Hours This Quarter _____ |
| Miles for Apr _____ + | | | | | | |
| Miles for May _____ + | | | | | | |
| Miles for Jun _____ + | | | | | | |
| =TOTAL NUMBER MILES THIS QUARTER _____ | | | | | | |
| Total Number Hours This Quarter _____ | | | | | | |
| <p>REPORT HOURS BY MAIL, EMAIL Susan Gruenberg at sgruenberg@jfsmilw.org , or CALL 414-225-1390</p> | | | | | | |

June 2014

| 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 20th, 2014

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



Volunteer Activity Report

2nd Quarter 2014

Please return this report by July 20th, 2014

Volunteer Name: _____

April 2014

| 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 2014

| 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 |