INTERFAITH COMMUNITY SERVICES

VOLUNTEER ACTIVITY FOR (Print Name) _____

_____ MONTH and YEAR	*Neighbors Care Alliance* MONTHLY VOLUNTEER REPORT	_____ VOLUNTEER SIGNATURE Date_____

Date Of Service	Route / # of recipients	Destination (furthest main street)			ERRANDS Meal Delivery # Miles	# Hours		
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	Total >						
TOTAL individuals served		Total Reimbursable >						

Comments/Concerns (regarding recipients served, coordination, etc.) - Use back of form

Maximum mileage for reimbursement is 50 miles round trip regardless of the number of actual miles driven. It is the responsibility of ICS on behalf of their volunteers to insure that all billing reporting and other administrative requirements are met in order to secure mileage reimbursement for volunteers who transport seniors and others. Payments will not be made to Program if the billing is received after the 5th of the appropriate month for billing.

❖❖Return Activity Forms to ICS Caregiving Coordinator by 5th of each month❖❖

Type of Service

MM- Mobile Meals

Trainings Attended This Month

Initial		Program Orientation		Continuing Education		Topic		Total Hours	

For Transportation/errand activities that are eligible for RTA reimbursement: RTA Reimbursement is requested ___ Yes ___NO

For Non- transport/errand activities that may be eligible for RSVP mileage reimbursement: RSVP Reimbursement? ☐YES ☐NO

Program Coordinator _____ **Date** _____

NCA/RSVP Director_____ **Date** _____

Rev. 9/27/07