

Volunteer's Monthly Report

Volunteer's Name _____

Friend's Name _____

Month/Year _____

Total hours with friend _____

Please check off the kinds of activities that you and your friend participated in this month:

meals religious services movies/plays

shopping outdoor activities community events

holiday observances Compeer sponsored event other

Are there any changes in your address? yes no

Any changes in your friend's address? yes no

Did your friend's case worker/therapist change? yes no

} Please
Provide
Changes
Below

Has your friend been admitted/discharged from a psychiatric hospital? yes no

Would you like the Compeer staff to contact you? yes no

Would you like your friend's therapist to contact you? yes no

Comments:

PLEASE MAKE COPIES BEFORE YOU RUN OUT! Include any receipts for Compeer Activity Fund - CAF reimbursements, THANK YOU!

Please complete on the last day of each month and return to:
Compeer of San Mateo County, Inc.
868 Montezuma Drive
Pacifica, CA 94044
Tel: 650-355-8083
Fax: 1-650-898-1630
email: contact@compeersanmateo.org