

Faith In Action Volunteer Activity Report

Horizon Health Faith In Action Volunteer Caregiver Program 26814 143rd St. PO Box 220 Pierz, MN 56364

Month/Vear



Email: khoheisel@horizonhealthservices.com

Volunteer: Type of Contact: HV-home visit; CS- chore services		Month/Year:			
		TC- telephone conversation	RSP- respite care;		TR - transportation
Date	Person Served	Comments	Type of Contact	Miles Driven	Time Spen
				n by the 5	5 th of each mor
Addition	nal comments:				
SIGNAT	LIDE.		DATE:		