

AMERICAN ASSOCIATION OF CAREGIVING YOUTH

1515 North Federal Highway #218
Boca Raton, FL 33431
(561) 391-7401 (561) 416-7213 - Fax
info@aacym.org www.aacym.org

VOLUNTEER TIME SHEET REPORT

Volunteer's Name: _____ Date: _____

Name of mentee or Special Event: _____

Directions:
1. Complete the blank fields and use a separate report for each different volunteer service (ex: one sheet for tutoring/mentoring another for a special event such as YMCA Health Day)
2. At the end of each month (or sheet) please mail, fax or drop off your information.

Date of Service	Service Type (see code below)	Travel Time To and From	Direct Service Time	Total Mileage (in miles)	Total Time

*Service type code:
A = activity; SV = Social (out of home) Visit; FR = Fund Raising; O = Other; OF = Office; H = Home Visit; TU = Tutoring; TR = Transportation; SE = Shopping/Errands

If writing "Other" for code, please specify

COMMENTS: Please advise us of any changes or any special activities/feedback we should know about.

Signature: _____ Date: _____
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