

SENIOR CENTER VOLUNTEER VISIT LOG

Volunteer Name: _____

Month/Year: _____

Department: _____

DATE	RESIDENT NAME	TIME IN/OUT	ACTIVITIES / INTERACTION SUMMARY	STAFF INITIAL
-------------	--------------------------	------------------------	---	----------------------

DATE	RESIDENT NAME	TIME IN/OUT	ACTIVITIES / INTERACTION SUMMARY	STAFF INITIAL
-------------	--------------------------	------------------------	---	----------------------

General Supervisor Comments / Monthly Observations:

Volunteer Signature: _____ Date: _____