

# 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:

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**PLEASE MAKE COPIES BEFORE YOU RUN OUT! Include any receipts for CAF reimbursements. THANK YOU!**

**Please complete on the last day of each month and return to:  
Compeer of Suburban Philadelphia  
411 Dartmouth Ave. Swarthmore, PA 19081  
or fax to – (610) 541-0792  
Email: [olga@compeerfriends.org](mailto:olga@compeerfriends.org)  
Website: [www.compeerfriends.org](http://www.compeerfriends.org)**