

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 **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
Website: www.compeerfriends.org

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