



Homebound Shopping Activity Log

Total Monthly Hours: _____

Return this log to RSVP by the **5th** of the month to: RSVP, PO Box 3947, Springfield, MO 65808. For questions, contact Sarah Derr at (417) 831-9696, sderr@ccoarks.org or fax (417) 862-2129.

Volunteer Name: _____ Month of Report: _____ Year of Report: _____

Client Name: _____

Client Phone: _____

Client Address: _____

Shopping Date	Drive Time	Mileage	Shopping & Visit Time	Assigned Client Y or N
Total Hours (To Include Drive Time)				

Client Name: _____

Client Phone: _____

Client Address: _____

Shopping Date	Drive Time	Mileage	Shopping & Visit Time	Assigned Client Y or N
Total Hours (To Include Drive Time)				

Comments/ Change of Address or Other Contact Information: _____

