



**Yee Gu.aa
Yàx X'wàn**

Brave Heart Volunteers Individual Volunteer Timesheet

Name: _____

For the Month(s) of _____, **20** _____

Service Group/Faith Affiliation: _____

Date	Service Provided (Code/s)	Service Hours	Care Recipient	Estimated Mileage Driven

TOTAL HOURS: _____

Code # and Types of Services

Code #	Service	Code #	Service
1.	Office Work/Administrative	9.	Telephone Visit
2.	Board/Committee Service	10.	Personal Escort
3.	Program Fundraising	11.	Run Errand
4.	Train Volunteers	12.	Shopping
5.	Attend BHV Training	13.	Light Housekeeping
6.	Respite Care	14.	Simple Household Repair
7.	Visiting/Conversation	15.	Meal Preparation
8.	Reading/Cards/Games	16.	Other