



2011 Monthly Facilitator Report



Please Note: HVHC's State License requires documentation of volunteer service provided in the office or for individual or group support. Please complete this report on a monthly basis indicating the date/hours and kind of support you provided with your signature.

Volunteer Facilitator Name: _____ Month: _____

Individual Support Name of Individual: _____

Support Group Name of Support Group/Program: _____

BRV Training Provided Education _____ Training Simulations _____

Facilitator Meeting Date _____ Hours _____

Volunteer Service	Date & Hours	Date & Hours	Date & Hours	Date & Hours
Individual Support	/	/	/	/
Support Group (including Pre & Post)	/	/	/	/
BRV Training Presentations	/	/	/	/
Office Volunteer / Phone Support	/	/	/	/
<input type="checkbox"/> Day Camp <input type="checkbox"/> Holiday Program	/	/	/	/
Travel time:	/	/	/	/

Signature: _____ Date: _____

Total hours of volunteer service for the month: _____ Travel Time: _____

1. BRV Visit/individual Support: _____

2. BRV Visit/Individual Support: _____

3. BRV Visit/Individual Support: _____

4. BRV Visit/Individual Support: _____

5. BRV Visit/Individual Support: _____

6. BRV Visit/Individual Support: _____

7. BRV Visit/Individual Support: _____

8. BRV Visit/Individual Support: _____

