



# Monthly BRV Volunteer 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.

Continuing Education training should be documented on Record of In-Service and Continuing Education Form

**BRV Volunteer Name:** \_\_\_\_\_ **Month:** \_\_\_\_\_

Individual Support Name of Individual: \_\_\_\_\_

Support Group Name of Support Group/Program: \_\_\_\_\_

**Total Volunteer Hours:** \_\_\_\_\_ **Total Travel Time:** \_\_\_\_\_

Volunteer Service	Date & Hours	Date & Hours	Date & Hours	Date & Hours
Individual Support				
Speaker Bureau				
Volunteer meeting				
Support Group (including Pre & Post)				
BRV Training Presentations				
Office Volunteer / Phone Support				
BRV Retreat / Holiday Program				
Other:				
Travel time:				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BRV individual support/speaker event, other relevant information:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_