DHS Oregon Department of Human Services

Volunteer Services

Monthly Service Record

Please submit this record at the end of each month.

Print Name:	Month/Year
Mailing Address:	

Date	Placement Activity (mentoring, work experience, project, etc.)	Program Area/Work Site/Project	Hours		
			Begin	End	Total

Comments or Questions:

Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Please copy back-to-back

Date	Placement Activity (mentoring, work experience, project, etc.)	Program Area/Work Site/Project	Hours		
			Begin	End	Total