

Date	Time In	Time Out	# of Hours	Activity/Notes

TOTAL HOURS: _____

I certify that the above information is true and complete to the best of my knowledge. I certify that I also possess a valid driver's license (if vehicle was used to transport client) and that liability insurance in the minimum amount required by law was in force at the time of travel.

Volunteer Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

SOUTHWESTERN VERMONT COUNCIL ON AGING

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