

Community Cares Monthly Report

AmeriCorps member signature: _____

Month and Year you are reporting for:

Name of your assigned site and location:

Total number of clients/residents/others served this month _____

Attach the one page pre/post/monthly assessment activities form

Total number of non-AmeriCorps volunteers this month _____

Total number of hours the non-AmeriCorps volunteers served this month _____

Total amount of donations received this month \$ _____

Attach the Volunteer/In-kind log form

Number of clients that were permanently moved into a nursing home this month
