

COMPEER / COMPEER-FOR-YOUTH VOLUNTEER'S MONTHLY REPORT

VOLUNTEER _____ MONTH/YEAR _____
FRIEND _____ MH PROFESSIONAL _____

#Visits _____ Hours spent with your friend _____
#Phone Calls _____ Hours Spent on the phone with friend _____
#Indirect hours _____ (Time spent in Compeer activities, but NOT with friend)

Check any listed activities for this month. Describe any others below.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Walk, hike | <input type="checkbox"/> Visit museum | <input type="checkbox"/> Eat out | <input type="checkbox"/> Watch TV |
| <input type="checkbox"/> Attend sporting events | <input type="checkbox"/> Attend concert/play | <input type="checkbox"/> Go on picnic | <input type="checkbox"/> Go to movies |
| <input type="checkbox"/> Play sports | <input type="checkbox"/> Visit w/others | <input type="checkbox"/> Go for a ride/Drive | <input type="checkbox"/> Paly cards, games |
| <input type="checkbox"/> Visit at one's home | | <input type="checkbox"/> Attend a Compeer group event | |

OTHER ACTIVITIES (Please describe): _____

CONTACT WITH PARETNTS/FAMILY (Please describe): _____

GOOD NEWS? Any concerns? Tell about your friendship: _____

YOUR address/phone has changed your FRIEND'S address/phone has changed
New address: _____
New phone number: _____(Home) _____(Work)

Check to have: Compeer Coordinator contact you Friend's Therapist contact you
Best time to call: _____ Home Phone: _____ Work Phone: _____

REPORTS ARE DUE ON THE LAST DAY OF EACH MONTH

Mail to MHA, 73 N. Main St. Suite 106, Gloversville, NY 12078

OR Fax to: (518) 775-1076