# Volunteer Escort Program Time Sheet

**SourcePoint** — Thrive after 55

Volunteer Name: _____

Client Name: _____

Transport Date: _____

| ACTIVITY or JOB COMPLETED | START TIME | FINISH TIME | TOTAL TIME | ODOMETER START (Optional) | ODOMETER FINISH (Optional) | TOTAL MILEAGE |
|---|---|---|---|---|---|---|
| Volunteer Home → Client Pick-Up Location | | | | | | |
| Client Pick-Up Location → Appointment Location | | | | | | |
| Did volunteer stay with client? ☐ Yes ☐ No **If yes, record time with client.** | | | | | | |
| Appointment Location → Client Drop-Off Location | | | | | | |
| Client Drop-Off Location →Volunteer Home | | | | | | |
| | | | **TOTAL HOURS =** | | **TOTAL MILEAGE =** | |

Client Signature _____  Date _____

Volunteer Signature _____  Date _____

Supervisor Signature _____  Date _____

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Office Use Only:

Total time with client _____  Case note entered/Spreadsheet updated? _____  Time/Mileage entered in Volgistics? _____