

Iowa Department of Human Services

MONTHLY VOLUNTEER REPORT

_____, 19 ____
 Institution _____ Month _____

 County or District

1. Number of registered DHS individual volunteers _____
2. Number of registered DHS volunteer groups _____

3. Categories	4. Total # Volunteers Active This Month	5. Total # Hours Active This Month	6. Cumulative Hours to Date	7. # Clients Served
a. Individual direct service volunteers				
b. Individual indirect service volunteers				N/A
c. Individual volunteers in <u>groups</u> -- direct service				
d. Individual volunteers in <u>groups</u> -- indirect service				N/A
TOTALS				
e. Stipend volunteers				
TOTALS				

8. Dollar value of material donations and cash donations _____
9. Number of volunteers terminated _____
10. Optional: Add any success story _____
- _____
- _____

11. Report completed by _____

Contractors must send this report to the district office no later than the 5th of each month.

District offices and institutions must send this report to central office no later than the 10th of each month.