

R & P VOLUNTEER ASSISTANCE FORM

For Period _____ to _____
(<1st day) (30th day)

Refugee Head-of-Household _____

CASE#: _____ ()

Name of Resettlement Team _____

DOA: _____

1) Food \$ _____ (attach receipts if purchased with non-CFC funds)

USCC () CWS () F () FR ()

2) Cash \$ _____ (attach receipts if purchased with non-CFC funds)

3) Employment: Hours _____ Miles _____

4) Medical: Hours _____ Miles _____

5) Education: Hours _____ Miles _____

6) Pre-arrival trainings/ team meetings: Hours _____ Miles _____

7) CFC Intake Interview: Hours _____ Miles _____

8) Social Security: Hours _____ Miles _____

9) Dept. Social Services: Hours _____ Miles _____

10) Drivers license/insurance: Hours _____ Miles _____

11) Other gov't offices: Hours _____ Miles _____

Explain: _____

12) Informal in-home tutoring: Hours _____ Miles _____

13) Companionship: Hours _____ Miles _____

14) Cultural orientation: Hours _____ Miles _____

15) Team Meetings, Refugee Meetings, CFC Meetings, Other Meetings: Hours _____ Miles _____

16) Volunteer Team socials/meetings: Hours _____ Miles _____

17) Refugee-Volunteer socials/meetings: Hours _____ Miles _____

18) Shopping/Marketing: Hours _____ Miles _____

19) Other in-home contacts: Hours _____ Miles _____

20) Other meeting/appointments: Hours _____ Miles _____

Explain: _____

21) Donations pick-ups/deliveries: Hours _____ Miles _____

22) Clerical/Administrative help: Hours _____ Miles _____

23) Telephone Coordination: Hours _____ Miles _____

24) Any Other Service not listed above: Hours _____ Miles _____

Explain: _____

25) Interpretation: Hours _____ Miles _____

Verify that I provided the above stated services/donations:

Team Leader/Sponsor Name

Signature

Verify that I provided the above interpreting/translation services:

Interpreter/Translator Name

Signature

Verify that I received above stated services and donations:

Refugee Head-Of-Household

Signature