

Home-Start Meon Valley – Monthly Time Sheet (Please complete after each visit and return to the office at the end of the month)

Month:		Volunteer:					Family:	
Date	Week 1	Week 2	Week 3	Week 4	Week 5	Total For Month		
No. of hours visiting family (please include time spent on outings with family/children)								
If the family was out when you arrived how long did you wait before leaving								
If you have phoned the family or the office or made phone calls on the family's or Home-Starts behalf please give duration of call								
How much time did you spend travelling to and from the family's home								
How much time have you spent at the Family Group (unless included above)								
In-service Training								
Committee Meetings								
Other								

In a few words please comment on this month's support for the family – all comments should be factual.

Signed

Date