**CLIENT VOLUNTEER HOURS FORM**

**Oasis Volunteers**: Please note that you do not need to forward hours to DHH as they are entered by staff.

If you’re more comfortable, you can submit your hours to DHH via telephone.

**PLEASE REMEMBER TO INCLUDE TRAVEL TIME IN TOTAL HOURS.**

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| --- | --- | --- | --- | --- |
| **Volunteer Name:** | Click here to enter text. | | | |
| **Client Initials:**  (please do not email  client’s name) | Click here to enter text. | | | |
| **Client Update/ Areas of Concern** | Click here to enter text. | | | |
| **Date** | **Phone/Email**  **(Total Hours)** | **Face to Face Visit**  **(Total Hours)** | **Training Education (Total Hours)** | **Events/ Admin/ Fundraising/ Yard Work etc. (Hours)** |
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