



Jewish Social Service Agency

VOLUNTEER HOURS AND ACTIVITIES

Month/Year _____

Volunteer's Name:

Phone Number:

I did not volunteer this month _____

E-Mail Address:

***Programs:**

Friendly Visitors and Shoppers (Seniors)

Meals on Wheels (MOW)

Holocaust Survivors Visitor Program

Clerical Assistance (department)

Out and About or Going Places!

Rent-a-Mensch

Delivery of Holiday Baskets

Himmelfarb Mobile University – **only use this for administrative / clerical time!**

DATE	*JSSA PROGRAM	ACTIVITY	JSSA STAFF SUPERVISOR	HOURS	
				Travel time	Actual vol. time

E-mail completed form to pweisman@jssa.org or fax: 301-309-2596

Or mail to: Paula Weisman

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