# PARK COUNTY SENIOR COALITION

## VOLUNTEER HANDYMAN FORM

AREA:_____ MONTH(S) REPORTED: _____
(Guffey, Lake George, Platte Canyon, or South Park)

VOLUNTEER NAME: _____
(Please Print)

CLIENT NAME: _____
(Please Print)

PROJECT(S): _____

| Date | Time (start/stop) | Total Hours | Tasks Completed | Odometer Beginning | Odometer Ending | Total Miles | Client Signature |
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**PROJECT(S) STAGE OF COMPLETION**: (circle one) COMPLETE or PARTIAL

*By signing below, I certify that the information listed above is complete, accurate, and will not be reimbursed by and/or attributed to any other organization.*

**VOLUNTEER SIGNATURE**: _____

*The above listed tasks , dates and times are accurately represented. The work was done on a volunteer basis, with no money given to the volunteer (no tips, donations, or payments). Any donations were sent directly to the Coalition.*

**CLIENT SIGNATURE**: _____

*The above listed project was pre-approved and complies with Park County Senior Coalition policies.*

**COORDINATOR SIGNATURE**: _____

**PARK COUNTY SENIOR COALITION**

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**Adopted 2/21/06 BG**