



LUTHERAN COMMUNITY CARE CENTRE  
 245 B Bay Street  
 THUNDER BAY ON P7B 6P2  
 Fax 343-7954, E-mail: rosen@lccctbay.org

### MONTHLY VOLUNTEER ACTIVITY REPORT

Name: \_\_\_\_\_ Month: \_\_\_\_\_

Position Title: \_\_\_\_\_ Program: \_\_\_\_\_

Date	Activity	Hours	Additional/Comments, Concerns

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this report to the Volunteer Co-ordinator, Lutheran Community Care Centre at the end of the month, or phone Rose Niemi at 345-6062 or leave a message.