



Monthly Visit Report for: \_\_\_2024\_\_\_

First and Last Name (Please Print): \_\_\_\_\_

Resident Name	Date of Visit (MM/DD/20YY)	Time In	Time Out	# Visit Hours	Facility Name	Name of New Residents* (30+ min visit)
<b>*New Residents</b> are seniors you have <b>never visited before</b> . Seniors will <b>only be listed in this column once (the 1<sup>st</sup> date visited)</b> and will be reported in the <b>Total Residents Visited</b> column thereafter.				<b>Totals:</b>		

By signing, I am confirming completion of monthly hours reported above and acknowledging that the information reported may be verified by a representative of the Guardian Angel Program.

\_\_\_\_\_  
Volunteer Signature

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Employee Signature for (Facility Name: \_\_\_\_\_)

Date: \_\_\_/\_\_\_/\_\_\_



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**Please check one of the ratings below for each question listed and return to the Program Coordinator by the 2<sup>nd</sup> of every month:**

	Poor	Below Average	Average	Above Average	Excellent
Overall Volunteer Experience This Month					
Professionalism of Facility Staff During Visits					

**Additional comments, questions or support desired:**

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