



# Massachusetts Senior Medicare Patrol One Day Volunteer Activities Reporting Form

**Name:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**County in which event occurred:** \_\_\_\_\_

**Zip Code in which event occurred:** \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Initial SMP Orientation and Training | <input type="checkbox"/> Prepared or delivered Group Presentation |
| <input type="checkbox"/> Continuing Education and Training    | <input type="checkbox"/> One-on-One Counseling/Simple Inquiries   |
| <input type="checkbox"/> Distributed Information              | <input type="checkbox"/> Handled Complex Issues/case referral     |
| <input type="checkbox"/> Assisted with administration         | <input type="checkbox"/> Staffed an exhibit or vendor table       |
| <input type="checkbox"/> Other: _____                         |   |

**Please explain what your volunteer effort consisted of:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Preparation Time:** \_\_\_\_\_ hours

**Travel time to activity:** Left home at \_\_\_\_\_ Arrived \_\_\_\_\_ Sub-total \_\_\_\_\_ hours

**Volunteer Activity Time:** Worked from \_\_\_\_\_ to \_\_\_\_\_ Sub-total \_\_\_\_\_ hours

**Travel time from activity:** Left \_\_\_\_\_ arrived \_\_\_\_\_ Sub-total \_\_\_\_\_ hours

**Total volunteer effort in hours:** \_\_\_\_\_

**Total volunteer effort in minutes:** \_\_\_\_\_

**Contribution of mileage and other in-kind donations:**

Round Trip Miles \_\_\_\_\_ Cell Phone usage: \$ \_\_\_\_\_ Postage: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_ Total Value of In-Kind \$ \_\_\_\_\_



Entered in ESMV reporting system on \_\_\_\_\_ by \_\_\_\_\_

Entered on SMP Information and Reporting System (SIRS) on \_\_\_\_\_ by \_\_\_\_\_

Copied: \_\_\_\_\_ Scanned: \_\_\_\_\_ MA-16- \_\_\_\_\_

Revised: June 20, 2016