



Central Florida's Voice on Mental Illness

Volunteer Activity Report

For the Month of _____ Year _____

Name: _____

Address: _____

E-mail: _____ Phone: _____

Date	Activity	Hours (Whole Units)*
		Hrs
		Hrs
		Hrs
		Hrs
		Hrs
		Hrs
		Hrs
		Hrs
		Hrs
		Hrs
		Hrs
Total Volunteer Hours =		Hrs

**Include travel to and from activity*

Signature: _____ Date: _____

Please mail forms to: **NAMI Greater Orlando, 1800 Mercy Drive, Suite 103, Box 4, Orlando, FL 32808**; fax: **407-253-1912**; or e-mail: namigo@namigo.org.