Legacy Corps Volunteer Transportation Log

Volunteer Name: _____ **Month/ Year:** _____

Client Name : _____

Date	**Purpose** (ie: doctor/pharmacy/outings/errands/groceries….)	**Total Boardings**	**Approx. Miles**

Boardings *are any time a client gets INTO your vehicle. If you are running errands for a client, please count the boardings. If you are transporting two clients, please count two boardings. Ex.: If you pick up a client, bring her to a medical appointment, then stop at the pharmacy, then bring her home, this is 3 boardings.*

X _____

Volunteer Signature and Date

X _____

Supervisor Signature and Date