

Chapter Chair Monthly Report

Date: _____

Report due the 5th of the month for every previous month.

Important Reminder: All victims should *first* be referred to MCVRC for intake before providing any services.

County or Counties Covered: _____

Name of Chair(s): _____

Address: _____

Phone(s): Home _____ Work: _____ FAX: _____

E-mail: _____

Number of Volunteer Hours for previous month (community events/presentations): **Hours** _____

List other volunteers:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>E-mail</u>	<u>Hours</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Victims Served: (Direct support services/court accompaniment)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>E-mail</u>	<u>Hours</u>
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List total hours of service to victims: _____

List total number of victims served: _____

List fund-raising Activities: Amount Raised

List total money raised: _____

How has staff been helpful to you?: _____

How could staff help you better?:

What supplies, if any are you requesting?: \

Any other comments, suggestions, or concerns?: _____

Return to: Maryland Crime Victim Resource Center, Inc.

By mail: 14750 Main Street, Suite 1B
Upper Marlboro, MD 20772-3055

By fax:
(301) 952-2319