

## TEAM MEMBER ACTIVITY REPORTING FORM

**PRINT NAME:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

Date of Event	Activity Role*	Name of Event	Location - Include City, Zip & County	Event Start/End Time	Prep & Travel Time	Total Hours Event & Prep	Round Trip Mileage	Number Attended Group Education	Number Attended Community Outreach

\*Activity Role Code:

- A - Assisting w/ Administration
- B - Staffing Exhibits (# of Red Brochures Distributed)
- C - Making Group Presentation (Total # Attended Presentation)
- D - Training/Continuing Education
- E - Other

**Send to: Senior Medicare Patrol  
 8440 Jefferson Highway, Suite 101  
 Baton Rouge, LA 70809  
 Fax: 225-924-2022**

**\*\*This form can be used to report activities on a per-event or monthly basis. If reporting monthly, please submit to SMP by the 5th of the month after the activities are performed for the previous month. For questions, please call Sunny Lawless at 877-272-8720.**

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11/4/2016	B	Washington COA Health Fair	Bogalusa 70427 Washington	9-12:30	2.5 hrs	6	120	n/a	125
11/10/2016	B	Independent Living Expo	Lafayette 70501 Lafayette	9-1:30	1	5.5	162	n/a	327
11/21/2016	D	Volunteer Webinar	Baton Rouge 70809 EBR	1-2	n/a	1	0	n/a	n/a

**EXAMPLE**

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