NEIGHBORS HELPING NEIGHBORS– TEEN CONNECT
CONTACT LOG

NAME OF VOLUNTEER: _____

NAME OF SENIOR: _____

DATE OF PHONE CONTACT: _____

LENGTH OF PHONE CALL: _____

SUMMARY OF CONVERSATION: _____

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ANY NEEDS OR CONCERNS THAT NEED TO BE ADDRESSED BY NHH: _____

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DO YOU NEED TO CONTACT RHSM'S COMMUNITY SERVICE COORDINATOR OR NHN'S PROGRAM DIRECTOR REGARDING THIS TELEPHONE CONVERSATION?

- ❑ YES
- ❑ NO