

RFK Mentor Visit/Transportation Log*

Driver: _____

Visit Date: _____

Other Adults: _____

Visit Contact Time: _____ #Hours

Make an entry for each transportation segment. Use one log per visit. This side good for a visit with multiple Mentors/Mentees.

Child Passenger Name(s)	Departure/Pick-up Location			Arrival/Drop-off Location			Distance
	Address	Time	Odometer	Address	Time	Odometer	
What we did:							
What we did:							
What we did:							
What we did:							
What we did:							
What we did:							
What we did:							
Visit Comments:							

*Drivers must carry a copy of the RFK Medical/Transportation releases, proof of auto insurance, and driver's license during all mentoring activities.

Mentor Signature: _____

Mentoring Club Director Signature: _____

RFK Mentor Visit/Transportation Log*

Driver: _____

Visit Date: _____

Other Adults: _____

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Child Passenger Name(s)	Departure/Pick-up Location			Arrival/Drop-off Location			Distance
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Mentor Signature: _____

Mentoring Club Director Signature: _____

