

**SR. WELLNESS AND VACATION CHECK
SHIFT ACTIVITY REPORT FORM**

Date: _____
Volunteer Name/Number: _____
Volunteer Name/Number: _____
Ride Along: _____

Daily Activity Report:

Number of Calls: _____ Vacation Checks: _____

Number of Visits: _____

Comments:

Additional Duties or Actions Taken:

Good reports or personal information to pass on:

Non-Contact Summary

List suspicious circumstances: _____

List actions taken to contact applicant: _____

List names (neighbor/family/friends) of those you contacted: _____

Time Dispatcher Called: _____

Name of Officer who responded: _____

Outcome of contact: _____

Contact Numbers:

V.I.P.S. Coordinator 449-5434

Dispatch 449-5200

Detective Dale Hogg 469-6611

FSW Ana Siebert 469-6629

FIRST Office 469-6600

Adult Services, Solano County 784-8259