



# Volunteer Hours Record

Month \_\_\_\_\_ Patient \_\_\_\_\_

Volunteer Services Provided: *Choose service from list and write in "Comments" section*

- |                                 |                   |                   |
|---------------------------------|-------------------|-------------------|
| Visitation                      | Telephone Contact | Transportation    |
| Sat with pt.                    | Hospital Visit    | Delivered flowers |
| Read to pt.                     | Prepared food     | Sent a card       |
| Office                          | Training          | Fundraising       |
| Attend funeral/memorial service |                   | Other _____       |

Date	Comments	Mileage	Total Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Volunteer's signature \_\_\_\_\_