



VOLUNTEER TIME SHEET

Volunteer's Name (please print): _____

Date	Code	Specify Activity/Task/Event	Patient Name	Start Time	Finish Time	Total Time (Hrs:Mins)	Miles
				AM	AM	.	
				PM	PM	.	
				AM	AM	.	
				PM	PM	.	
				AM	AM	.	
				PM	PM	.	
				AM	AM	.	
				PM	PM	.	
				AM	AM	.	
				PM	PM	.	
				AM	AM	.	
				PM	PM	.	
				AM	AM	.	
				PM	PM	.	
				AM	AM	.	
				PM	PM	.	
				AM	AM	.	
				PM	PM	.	
				AM	AM	.	
				PM	PM	.	

- | | |
|-------------|---|
| Code | Description |
| 3 | B200/Bereavement Visit |
| 3 | B300/Bereavement T/C (Telephone Call) |
| 6-1 | Bereavement Group |
| 4-1 | IDT/Update (Team Meeting) |
| 4-2 | Collaboration (Board Meetings, Other Meetings, Committee Meetings) |
| 5-2 | Mandatory Inservice (Identify Subject of Inservice) |
| 5-3 | Non-Mandatory Inservice (Identify Subject of Inservice) |
| 5-4 | Orientation |
| 6-3 | Peer Support |
| 8-1 | Admin/Office |
| 8-10 | Volunteer Survey (Research Projects) |
| 10-1 | Community Relations (Fundraising, Speaker's Bureau, Outreach Events, Knitting Group) |

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|--------------------|---|
| Code | Description |
| CASEY HOUSE | |
| 8-8 | CH Office/Admin (Hub, Medication Closet, Landscape) |
| 9-3 | CH General Patient Care (Lavender Hand Massage, Tea Time, Patient Support, Family Support) |

Start Time = Time Visit/Activity Began (AM or PM)
Finish Time = Time Visit/Activity Ended (AM or PM)
Total Time = Total Time for Visit/Activity (hours:minutes)
Miles = Round Trip Distance (enter in miles)

Vol. Signature _____
 Date _____

**PLEASE SUBMIT A VOLUNTEER TIME SHEET
 TO REPORT NON-DIRECT PATIENT CARE BI-WEEKLY.
 THANK YOU FOR HELPING US TO KEEP OUR RECORDS UP-TO-DATE!
 OFFICE - 301-921-4400; FAX - (301) 921-4433**