Volunteer Time Sheet

REPORT DUE BY 3RD OF EACH MONTH

Name _____ Month_____ Year _____

DATE	Office Work (1)	Fund-Raising Project (see below) (2)	Angel Workshop (3)	Community Education or Speech (4)	Special Event (see below) (5)	TIME SPENT ON ACTIVITY	TRAVEL TIME	MILES DRIVEN

INSTRUCTIONS:
Write in the date
Check one box per line (Numbers 1 - 5)
Write in the hours spent doing the contact or visit
Write in the hours spent traveling to & from the activity (if applicable)
Write in the miles traveled (if applicable)

CALCULATE TIME AS FOLLOWS:

1 –	15 minutes	=	.25
16 –	30 minutes	=	.50
31 –	45 minutes	=	.75
46 –	60 minutes	=	1.0

Examples of Special Events: Valentine Luncheon, Volunteer Banquet, Candlelight Memorial Service, Volunteer Memorial Services, Bereavement Picnic, Children's Grief Camp **and anything else that is not covered in the other categories.**

Examples of Fund Raising Projects: Angel Tree, Festival of Trees, Baking

YOU DO **NOT** NEED TO ENTER PATIENT RELATED TIME OR INSERVICE TIME.
HOSPICE WILL TAKE CARE OF THIS FOR YOU.