

ASPIRUS KEWEENAW HOME HEALTH & HOSPICE Monthly Volunteer Activity Report

{Use additional page if necessary for complete calendar month}

Please Print
VOLUNTEER _____ Phone _____ Month _____ Year _____

[Narrative notes are required for all visits/phone contacts]

Please round off the time in quarter hour periods

Date													
NON -PATIENT SERVICE (actual time rounded to 1/4 hour intervals)													
Interdisciplinary Team Meeting													
Inservice/Education													
Vol Support/Education Meeting													
Social Meeting													
Office/Clerical/Maintenance													
Bereavement Activity													
Other													
TOTALS												MONTH TOTAL	
Total Time: (round off to 1/4 hours)													
Total Miles													

Volunteer Signature

Date

Volunteer Coordinator Signature

Date