

MONTHLY VOLUNTEER ASSIGNMENT AND ACTIVITY RECORD

PATIENT NAME: _____										N/A <input type="checkbox"/>	
Date											
TIME IN											
TIME OUT											
REPORTED CHANGES IN CONDITION: CHECK YES OR NO →										Y <input type="checkbox"/>	
										N <input type="checkbox"/>	
DIRECT PATIENT CARE	COMPANIONSHIP-Patient										
	RESPIRE - Caregiver										
	EMOTIONAL SUPPORT - Patient										
	Caregiver										
	BEREAVEMENT: Telephone calls										
	Visit										
	Support										
	Attend Funeral										
	Other:										
	ACTIVITY Errands										
	Light meal preparation										
	Light housekeeping										
	Yard work										
	Pet care										
	Assist with feeding										
ADMINISTRATIVE	CLERICAL WORK IN OFFICE										
	SPECIAL PROJECTS										
	PUBLIC RELATIONS										
	COMMITTEE ACTIVITY										
	OTHER										

COMMENTS: _____

ASSIGNED BY: Cathy Edwards, Volunteer Coordinator

VOLUNTEER: _____ DATE TURNED IN: _____

For office use only:

Total Patient Hours:	Total Office Hours:
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