

Volunteer Hours Report

VOLUNTEER

NAME:

_____ MONTH/YEAR: _____

Please enter total time by category here:

O=Office Work Hours	
P=Pt. Care Hours-Hospice *	
E=Education/Training Hours	
TP=Transitions Pt. Care Hours*	
TOTAL HOURS	

(* Remember: *patient care hours should include phone call and travel time.* Round to nearest ¼ hour)

Service Date	Client Initials (not full name) and Service provided: <i>(ex: Patient V.C. – visit and read)</i>	O	P	E	T.P	Total time of Service
Total Time						

Please mail, email or fax your completed form at the end of each month. Thank you!
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