Transitions Volunteer Visit/Activity Report

Totals

Transitions Program Hours	
Education/ Training Hours	
Office Work Hours	
Hospice Patient Care Hours	

(Total hours above include phone call time & travel time - round to nearest ¼ hour)

VOLUNTEER NAME:_____ MONTH/ YEAR _____

DATE of Service	Name of Client and Service provided:	Hours Spent (include phone & travel time. Round to nearest 15 min.)
	Total	

Please remember to give the total hours. **Mail or fax your completed form at the end of each month or upon the death of your client to:**

Volunteer Services, Cascade Hospice, 2650 Suzanne Way, Eugene, OR, 97408.
Fax: 541-228-3182