PINE TREE HOSPICE **VOLUNTEER TIME SHEET**

VOLUNTEER:_____ **Month/Year:**_____ ☐ days 1-15 ☐ days 16-end

Dear Volunteer...our funding depends on accurate records. Please enter the date and the number of hours of service for this 2-week period in ¼ hour segments.

Indirect Client Care									
Date	**Evergreen**	**Office**	**Education**	**Committee Meetings**	**Provide Meals**	**Public Relations**	**Travel Time**	**Other:**	**TOTAL *each day*:**
Direct Client Care *Please copy total hours from PTH Client Services Record*									
Total hours (direct and indirect care)									

Thank you, volunteer, for all that you do!

Volunteer Signature:_____Date:_____

Director Signature:_____Date:_____

Check this box if there is a note of explanation on the back ☐