PINE TREE HOSPICE
VOLUNTEER TIMESHEET
INDIRECT CARE

VOLUNTEER: ____________________________  MONTH/YEAR: ________________________

PHT licensure **REQUIRES** documentation of volunteer services. **Do NOT** include attendance at Committee or Team meetings; these hours are recorded at the meeting. A separate form is used for Continuing Education.

**DESCRIPTION OF SERVICES INCLUDE (please specify what the “activities” are):**
- Adult Bereavement Indirect Activities
- Board Development Activities
- Board Executive Activities
- Board of Directors Activities
- Bereavement Committee Activities
- Education Committee Activities
- Finance Committee Activities
- Fundraising Activities
- Hospice Committee Activities
- Nights of Service Indirect Activities
- Office work
- Public Relations
- Other (Specify)

**PLEASE enter your time in ¼ hour segments**

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION OF SERVICE OR EVENT</th>
<th>HOURS</th>
<th>TRAVEL</th>
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**TOTAL HOURS**

Volunteer Signature: ____________________________  Date: ____________

PHT Coordinator: ____________________________  Date: ____________

☐ CHECK this box if there is more information on the back
☐ CHECK this box if you used more than 1 page