

PINE TREE HOSPICE

VOLUNTEER TIMESHEET

INDIRECT CARE

VOLUNTEER: _____

MONTH/YEAR: _____

PTH 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

| DATE | DESCRIPTION OF SERVICE OR EVENT | HOURS | TRAVEL |
|--------------------|---------------------------------|-------|--------|
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| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL HOURS | | | |

VOLUNTEER SIGNATURE

DATE

PTH COORDINATOR

DATE

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