PINE TREE HOSPICE
VOLUNTEER TIMESHEET
INDIRECT CARE

VOLUNTEER: ___________________________  MONTH/YEAR: _______April-June 2016______

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
- Regional Team Activities
- 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>
</tr>
</thead>
<tbody>
<tr>
<td>04/13</td>
<td>Hospice Comm. (phone calls for Caregiving event; emails &amp; prep for meeting)</td>
<td>.75</td>
<td></td>
</tr>
<tr>
<td>04/22</td>
<td>Fundraising – cooking &amp; delivery of food for Variety Show</td>
<td>1.5</td>
<td>.5</td>
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<tr>
<td>04/24</td>
<td>Other - Attend Variety show</td>
<td>1.5</td>
<td>.5</td>
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<tr>
<td>05/19</td>
<td>Nights of Service – plan for open house event</td>
<td>.5</td>
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<tr>
<td>06/07</td>
<td>Other - meet with Coordinator</td>
<td>.5</td>
<td>.5</td>
</tr>
<tr>
<td>06/11</td>
<td>Fundraising – help with Golf event</td>
<td>2.0</td>
<td>.5</td>
</tr>
</tbody>
</table>

TOTAL HOURS 6.75  2.0

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  □