

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

DATE	DESCRIPTION OF SERVICE OR EVENT	HOURS	TRAVEL
04/13	Hospice Comm. (phone calls for Caregiving event; emails & prep for meeting)	.75	
04/22	Fundraising – cooking & delivery of food for Variety Show	1.5	.5
04/24	Other - Attend Variety show	1.5	.5
05/19	Nights of Service – plan for open house event	.5	
06/07	Other - meet with Coordinator	.5	.5
06/11	Fundraising – help with Golf event	2.0	.5
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