



Indirect Care

Volunteer Daily Activity Log

*It is the responsibility of the Volunteer to document all service hours. Please complete the following form **within 48 hours.***

Volunteer Name: _____ Date: _____

Time of Visit: _____ to _____ Round Trip Travel Time: _____

Total Time: _____ Round Trip Mileage: _____

Indirect Care Services Provided – Please Check All That Apply

- | | |
|---|--|
| <input type="checkbox"/> Assembling Field Supplies | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Auditing Records | <input type="checkbox"/> Gardening at Nancy Dowd Hospice House |
| <input type="checkbox"/> Bereavement Mailings | <input type="checkbox"/> Grocery Shopping/Running Errands for Nancy Dowd Hospice House |
| <input type="checkbox"/> Bereavement Visit | <input type="checkbox"/> Meal Prep for Nancy Dowd Hospice House |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> New Volunteer Mentoring/Training |
| <input type="checkbox"/> Copying/Scanning | <input type="checkbox"/> New Volunteer Shadowing/Observing |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Orientation Support |
| <input type="checkbox"/> Data Entry of Records | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Developing and Packaging Patient Information | _____ |
| <input type="checkbox"/> Events/Fundraising | |

Comments:

Volunteer Signature: _____

Volunteer Coordinator Signature: _____

Today's Date: _____