



For VOLUNTEER COORDINATOR Use

Volunteer Activity Log

*It is the responsibility of the volunteer to document EACH activity. Please complete the following form **within 48 hours**. If you feel, **for any reason**, that Hospice staff should be aware of a recent change with a patient, please contact us immediately at (518) 725-4545.*

Volunteer Name: _____ **Date:** _____

***Patient First Name, Last Initial:** _____

Activity 1

Start Time: _____

End Time: _____

Brief description:

VC NOTES:

Activity 2

Start Time: _____

End Time: _____

Brief description:

VC NOTES:

Activity 3

Start Time: _____

End Time: _____

Brief description:

VC NOTES:

Volunteer Signature: _____

Date: _____

***Case Manager Signature:** _____

Date: _____

Volunteer Coordinator: _____

Date: _____

(*If Applicable)

Notice of Confidentiality

The information above may contain Protected Health Information (PHI) and is provided to you under the provisions of HIPAA allowing for PHI to be shared for the intended purpose of treatment, payment or operations. You, the recipient, are obligated to handle this information within the regulations of HIPAA. If you receive this communication in error, please notify the Mountain Valley Hospice, Volunteer Department at (518) 725-4545. DATE REVISED 10/25/2019