



Calvert Hospice Volunteer Timesheet

Volunteer Printed Name _____

Month of: _____

Directions: All volunteers must complete a timesheet each month and turn in to the office no later than the 7th of the following month. We need ALL of the information requested for accurate reporting.

- Date = the date you did your volunteer activity
- Start Time = the time you started your volunteering activity. You should include travel time to and from your activity.
- End Time = the time you finished your volunteering activity. You should include travel time to and from your activity.
- Activity = activity type, examples would be Family Service (visiting patient and family), Bereavement, Office, Shoppe, Special Projects, etc.
- Client Name = patient full name, bereaved full name, leave blank for non-patient/bereavement activities.
 - Family Service and Bereavement activities require a Progress Note in addition to timesheet
- Location = where you were at time of volunteering (might be home, patient's house, hospice house, nursing home, Shoppe)

| Date | Start Time* | End Time* | Activity | Mileage (to and from) | Client Name & ID # | Location |
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Volunteer Signature _____

Date _____