

**PINE TREE HOSPICE**

**VOLUNTEER TIMESHEET**

**INDIRECT CARE**

VOLUNTEER: \_\_\_\_\_

MONTH/YEAR: \_\_\_\_\_

**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.**

**PLEASE enter your time in ¼ hour segments**

DATE	DESCRIPTION OF SERVICE OR EVENT	HOURS	TRAVEL
<b>TOTAL HOURS</b>			

**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)

\_\_\_\_\_  
**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**