

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
TOTAL HOURS			

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