

HOSPICE OF ROCKINGHAM COUNTY

OFFICE VOLUNTEER REPORT

PO BOX 281 WENTWORTH, NC 27375

Date: _____ Time Activity Begins: _____ Ends: _____

Total Activity Time: _____

Odometer Reading Start: _____ Stop: _____

Total Round Trip Miles: _____ Total Round Trip Travel Time: _____

_____ Board of Trustees/Executive Board Meeting

_____ Courier

_____ Fundraising Project: _____

_____ Hospice Home Patient Care _____

_____ In-service: _____

_____ Memorial Service

_____ Office Support: _____

_____ Administrative Support: _____

_____ Special Event: _____

_____ Volunteer Meeting

_____ Volunteer Orientation

_____ Camp Good Grief

_____ Hospitality Cart

_____ Tuck In Calls

Volunteer: Print Name: _____

Volunteer: _____ * Date: _____
(signature*)

Date entered in Brightree: _____

*BLACK INK ONLY (no other color is Medicare-compliant)

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Revised 11/2019