Volunteer Time Log

Please return this form to the Volunteer Office by the 5th of the following month

Volunteer Name _____

Please Print

Month and Year _____

Codes:				
	AT	Aromatherapy	M	Choir/Music
	B	Bereavement	MAT	Massage Therapy
	BA	Board Activities	MCP	Music Companion Program
	C	Cosmetology	MT	Meeting
	CC	Care Center	NO	Notary
	E	Errands/Deliveries	NS	Needlework/Sewing
	F	Fundraising	OF	Office/Clerical
	H	Hospitality	PS	Purchasing/Supplies
	HP	Hospitality Prep	PT	Pet Therapy
	HT	Healing Touch	S	Spiritual Care
	HV	Home Visit	T	Training
	IT	Computer Development	WHV	We Honor Veterans

HOME CARE VOLUNTEERS for HOME VISITS ONLY: Please include your **round trip** travel time

ERRAND/DELIVERY VOLUNTEERS: Please include your **round trip** travel time

DATE	CODE	PATIENT'S NAME OR VOLUNTEER ASSIGNMENT	ROUND TRIP MILEAGE	INCLUDING TRAVEL TIME TIME IN-AM/PM	TIME OUT-AM/PM	TOTAL TIME HRS	MIN