



**VOLUNTEER REPORT
(NON-PATIENT)**

Volunteer Name: _____
(Print Last Name, First Name)

Facility: _____
(If applicable)

Date(s) of Assignment(s)	Total Assignment Time (Hours/Minutes)	Round Trip Travel Time (Hours/Minutes)	Total Mileage

Please check ALL the services you provided:

- Cookie Baker**
- Bereavement Support Group**
- Ethics Committee Meeting**
- Fundraising**
- Greeter – HHG**
- Kitchen – HHG**
- Mailings**
- Health Information Records**
- Office Work (all clerical functions)**
- Special Events**
- Telephone Calls**
- Gift Shop**
- Other:**
- Volunteer Training Class (In-Service)**
- Volunteer Orientation – Panel Members**
- Volunteer Support Group**

Reminder: If you note a situation which needs to be addressed, contact the volunteer department.
 Keep the volunteer office informed of any changes in your availability.

Please Note: Return completed and signed form to the Volunteer Coordinator weekly.

Volunteer Signature: _____ Date: _____

Data Entry: (initials): _____ Date: _____

**Avow Hospice
1095 WHIPPOORWILL LANE
NAPLES, FLORIDA 34105**

ATTN: Coordinator of Volunteer Services
