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Brunswick, ME 04011
207-721-1271 (office)
207-729-2721 (fax)



Hospice Volunteer Monthly Time Record

Client: _____

Time Codes

- M = Meetings/Education
- CV = Client Visits
- O = Other

Service Codes

- Rs = Respite
- C = Companionship
- E = Telephone
- Tr = Transportation
- Qr = Quick Response

- Lt = Letters/Business
- IDT = IDT Meeting
- Es = Emotional Support
- F = Family Contact
- Ot = Other

Date	Time Code	Begin	End	Total Time	Service Code		RT Miles

Total Hours (including travel TIME): _____ **Total Miles:** _____

Please use one sheet for each Hospice family.

Be sure your time sheet is mailed in time to reach the office by the 3rd day of the month.

Please remember to include travel time in "Total Time."

We track mileage now, so please be sure to include that above as well.

Your input makes an important contribution to the overall care plan.

Please use space below to briefly document your contact with your client or family.

Volunteer's signature: _____

Volunteer Coordinator: _____ Date received _____