

Hospice Volunteer Time Sheet
 Redmond—Sisters Hospice
 541-548-7483/Fax: 541-548-1507

(Please Use Family Support Timesheet for Patient Contact)

Volunteer _____ Month _____ Year _____

Turn in by the 1st of each month.
 Please track your mileage and indicate if you want to
 be reimbursed.
 Please sign at the bottom.

Please report time as follows:
 0 – 15 min. = .25 hours
 15 – 30 min. = .50 hours
 30 – 45 min. = .75 hrs.
 45 – 60 min. = 1.00 hr.

Date	Mileage	Notes/ Comments	Admin/ Office	Bereavement	Education/ Conference	Fundraising	Other

Total Mileage _____ No Charge _____ Please Reimburse _____

Volunteer Signature _____ Date _____