



# HOSPICE PETERBOROUGH MONTHLY VOLUNTEER REPORT FORM

YOUR NAME: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

Please include **all** of your volunteer activities....see client support further down the page.

Volunteer Activities	Time spent (round up to nearest hour)
Volunteer Support (debriefing meetings, educational events)	
Office Reception/Support	
Special Events (fundraisers, i.e. hike, gala, etc.)	
Bedside Singing	
Board/Committee (prep time and meeting time)	
Day Hospice (caring cook, afternoon activities)	
Group facilitation(including grief groups, children's groups, support groups)	
Garden and home maintenance	
Campaign Cabinet	
Complementary Therapies	

Total Hours Spent This Month

<b>CLIENT SUPPORT ACTIVITIES</b>				
Day Hospice <input type="checkbox"/>	Group Facilitation <input type="checkbox"/>	Bereavement Support <input type="checkbox"/>	Ill Client Support <input type="checkbox"/>	Bedside singing <input type="checkbox"/>

**CLIENT NAME:** \_\_\_\_\_

(If you have more than one client in a month please fill out a separate sheet for each client)

### HEALTH STATUS OF CLIENT

Have there been any changes in your client's health this month?

- NO  
 YES      If yes, what changes have you noticed?

### ACTIVITIES SHARED WITH CLIENT

- |  |   |
|--|---|
| <input type="checkbox"/> Companionship/support for client    | <input type="checkbox"/> Listening to music           |
| <input type="checkbox"/> Companionship/support for caregiver | <input type="checkbox"/> Accompanying to appointments |
| <input type="checkbox"/> Household chores                    | <input type="checkbox"/> Transportation/errands       |
| <input type="checkbox"/> Playing card/board games            | <input type="checkbox"/> Telephone support            |
| <input type="checkbox"/> Complementary Therapies             | <input type="checkbox"/> Bereavement Support          |
| <input type="checkbox"/> Watching television/movies          | <input type="checkbox"/> Group activities             |
| <input type="checkbox"/> Other _____                         |   |

Dates of client visits/activities and phone calls	Lengths of client visits include travel time and actual time spent with clients i.e. 12:30 – 3:30
Total hours this month	

Please note:  
 We are now asking that you keep track of the **number of visits and phone calls** with your client/s.  
 Thank you for recording this.

Total number of phone calls (client): _____
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Comments, suggestions:

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Please submit (drop-off, leave a phone message, mail, fax or email) this report at the end of each month to:  
 Paula Greenwood, PHONE: 705-742-4042 FAX: 705-742-0064  
 Email: [pgreenwood@hospicepeterborough.org](mailto:pgreenwood@hospicepeterborough.org)

<b>FOR OFFICE USE:</b> Info entered in computer <input type="checkbox"/>
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