



WILSHIRE

HOSPICE

VOLUNTEER ACTIVITY RECORD

277 South Street
Suite R
San Luis Obispo
Ca 93401
Tel: 782-8608
(800) 801-8019
Fax: 782-8614

VOLUNTEER NAME

PLEASE SUBMIT THIS RECORD WEEKLY PRINT IN INK — DO NOT USE CORRECTION FLUIDS

| DAY | SUN | MON | TUE | WED | THU | FRI | SAT |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|
| DATE | | | | | | | |
| VOLUNTEER HOURS DAILY TOTAL | | | | | | | |

Volunteer Hours
Weekly Total

| CHECK <input checked="" type="checkbox"/> AS APPLICABLE | | | | | | | | COMMENTS (PLEASE DATE) |
|---|--------------------------|--|--|--|--|--|--|------------------------|
| SITE OF SERVICE | HOME | | | | | | | |
| | SKILLED NURSING FACILITY | | | | | | | |
| | ASSISTED LIVING FACILITY | | | | | | | |
| | TELEPHONE CALL | | | | | | | |
| SERVICES PERFORMED | CAREGIVER RELIEF | | | | | | | |
| | COMPANIONSHIP | | | | | | | |
| | EMOTIONAL SUPPORT | | | | | | | |
| | TRANSPORT/ERRANDS | | | | | | | |
| | LIGHT HOUSEKEEPING | | | | | | | |
| | VIGIL VOLUNTEER | | | | | | | |
| | BEREAVEMENT | | | | | | | |
| SUPPORT | CLERICAL | | | | | | | |
| | DRIVE TIME | | | | | | | |
| | OTHER (SPECIFY) | | | | | | | |

| | | | |
|---|--|--|-------------------------|
| UNAVAILABLE FUTURE DATES: | | NEED MORE FORMS <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SUBSTITUTE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | NEED MORE ENVELOPES <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| VOLUNTEER SIGNATURE | | REVIEWED BY VOLUNTEER COORDINATOR | |
| PATIENT NAME (LAST, FIRST) | | MEDICAL RECORD # | WEEK-ENDING Mm/Dd/YY |

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