



## VOLUNTEER NON-PATIENT SERVICES REPORT

- Return completed/signed Non-Patient Services Report forms *at the end of each month*. Use multiple sheets for month if needed.
- Refer to *Non-Patient Service Description Activities* sheet to determine which type of service to check for each date of service.
- *Check only one Service Description per date and per line* so the hours for that particular type of service can be captured.
- List non-patient service activities for which you *have not signed a sign-in sheet*.

VOLUNTEER NAME (print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ MONTH/YEAR \_\_\_\_\_

DOCUMENTATION TIME FOR THE MONTH (round to ¼ hour)												
SERVICE DESCRIPTION <i>(Please check only one type of service performed per date and per line )</i>									SERVICE TIME			
DATE	Admin Support All Admin Depts.	Admin Support Life Reflections	Special Projects Volunteer	Ambassador Volunteer	Volunteer Leader	Board Service & Fund-Raising	Training & Meeting Attend	Friends of Hospice	TIME IN	TIME OUT	TRAVEL TIME <i>(round to ¼ hour)</i>	MILES <i>(round trip mileage)</i>

Please submit your volunteer hours report one of the following ways:  
**Mail:** Hospice of the Comforter, Attn: Volunteer Services, 480 W. Central Parkway, Altamonte Springs, FL 32714  
**Email:** volunteerservices@hospiceofthecomforter.org  
**Fax:** 407-682-5956