



Volunteer Activity Report

Patient Name: _____ Date of Contact: _____

Type of Contact:

- Visit
- Phone Call
- Therapy Dog Contact
- Refused Visit
- Other

Length of time reported with patient or activity: _____ (record in quarter hour increment)

Travel time - roundtrip: _____ (record in quarter hour increment)

Please reimburse me for miles traveled: _____ (enter total miles)

Patient related activities were conducted during the contact:

- Provided companionship/socialization
- Provided active listening and reminiscing
- Provided comfort touch as appropriate
- Provided emotional support
- Provided caregiver respite
- Provided support to family
- Attended nursing home activity with patient
- We Honor Veterans activity
- Formal Life Review
- Delivered supplies/ran errands
- Provided transportation
- Attendance at visitation/funeral

OBSERVATIONS/CONCERNS/COMMENTS:

Volunteer Name/Signature

Date

- Please send me additional forms
- Please send me additional envelopes