



VOLUNTEER TIME SHEET/PROGRESS NOTE

Instructions: Please complete one for each patient visit in black type or ink.
The form must be completed and returned to the office within 48 hours of the patient visit.
The activities performed should always reflect the intervention requested by staff.

For Staff Completion

Location:

- Lansing Ionia Residence

Intervention Requested for Patient:

- | | | |
|---|---|---|
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Life Review | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Healing Music | <input type="checkbox"/> Household Chores | <input type="checkbox"/> Meal Prep |
| <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Discussion | <input type="checkbox"/> Assist w/Meals |
| <input type="checkbox"/> Preparing Memorial Service | <input type="checkbox"/> Errands | <input type="checkbox"/> Other: _____ |

Activity Code:

- Patient Contact (33) Spiritual Care (20) Bereavement (62)

For Volunteer Completion

Visit Information:

Date of Assignment: _____ Rcvl gpv/P wo dgt: _____

Clock in Time w/Patient: _____ Clock out Time w/Patient: _____

Total Time w/Patient: _____ Total Travel Time: _____

Activities:

- | | | |
|---|---|---|
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Life Review | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Healing Music | <input type="checkbox"/> Household Chores | <input type="checkbox"/> Meal Prep |
| <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Discussion | <input type="checkbox"/> Assist w/Meals |
| <input type="checkbox"/> Preparing Memorial Service | <input type="checkbox"/> Errands | <input type="checkbox"/> Other: _____ |
- Spiritual Care

Notes:

Volunteer Name : _____

Volunteer Signature:"" _____

By checking this box, I affirm that the name typed above in the "Signature" field represents my official signature.

Entered into Database

Volunteer Coordinator Signature: _____