

HOSPICE OF THE PIEDMONT

675 Peter Jefferson Place, Suite 300, Charlottesville, VA 22911
434-817-6900

Volunteer Services Record

Patient: _____ **ID#:** _____ **Date Service Provided:** _____
(separate sheet for each date of activity)

Volunteer: _____ **Total Travel Time** _____ **Mileage:** _____

Volunteer Hours From: _____ To: _____
(excluding travel time)

Place of Service: Patient's Residence Family Home Nursing Facility Hospice House
 MJ Hospital UVA Hospital Telephone Call Office Other _____

Type of Patient/Client (circle one)

Hospice Patient
Transitions Client
Bereaved Client

Services Performed (✓ all services that are performed)			
PATIENT / FAMILY CARE	ADMINISTRATIVE	BEREAVEMENT	
One time only visit	<i>Circle departments served</i>	Telephone calls	
Patient companionship/socialization	VOL TRANS BEREAV'MT	Home visits/Site visits	
Caregiver companionship	Filing	Funeral/Family memorial service	
Caregiver respite	Copying/Shredding	May memorial service	
Shopping/errands	Telephone calls	Tree of Lights memorial service	
Light housework	Mailings	Nursing home memorial service	
Light meal preparation	Assemble packets	Grief and Loss workshop	
Repairs/Yardwork	Data entry	Grief support group	
Outing with patient	Pharmacy – admin & Rx delivery	Other: _____	
Piggyback with HHA schedule of: Day _____ Time _____	Other: _____	JOURNEYS	
Interdisciplinary Team meeting	COMMUNITY		Journeys camp/Date: _____
Transportation to: _____	Luncheons/Dinners	Journey's workshop	
Delivery of: _____	Special events: _____	Journey's support group	
Massage therapy	Community education	Bearables project	
Music therapy	Faith-based Volunteer program	Journey's event: _____	
Other: _____	Other: _____	Hospice House activity: _____	
		Other: _____	

Volunteer Observations/Notes: *(continue on back page)*

Volunteer Signature: _____

Volunteer Coordinator Signature: _____

Title: Tina Hughey-Commers or Kathy Doby,
Coordinators, Volunteer Services