

RESPIRE VOLUNTEERS OF SHIAWASSEE

VOLUNTEER TIME SHEET Hours related to Patient/Family

Dates and Comments continued:

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Non-Patient Volunteer Hours: Write the amount of time spent doing the service in the correct box

| CATEGORIES NON-PATIENT | Week 1 Hours | Week 2 Hours | Week 3 Hours | Week 4 Hours | Week 5 Hours | TOTAL Hours |
|----------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| Education | | | | | | |
| Volunteer/Liaison Meetings | | | | | | |
| Office Assistance | | | | | | |
| Fund-raising/Public Relations | | | | | | |
| Board Meeting | | | | | | |
| Other | | | | | | |
| TOTAL HOURS | | | | | | |

| | | | | | | |
|----------------|--|--|--|--|--|--|
| MILEAGE | | | | | | |
|----------------|--|--|--|--|--|--|

Sub total from Patient/Family hours from page 1 _____

Sub total from Non-Patient hours from Page 2 _____

Total Hours _____

Sub total miles from page 1 _____

Sub total miles from page 2 _____

Total Miles _____

PLEASE email, mail or bring these time sheets to the Respite Vol. office at the end of the month or no later than the first week of the next month. This information is VERY IMPORTANT to document the difference our program makes in the community! Please call (989) 725-1127 when you need more forms or indicate on this form. Thank you!

Staff Signature _____
Date Received _____

Volunteer Signature _____

Mission Statement: A gift of time and caring support to adults with persistent health needs and their families.