



**RESPIRE VOLUNTEERS OF SHIAWASSEE**

**VOLUNTEER TIME SHEET Hours related to Patient/Family**

Dates and Comments continued:


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

CATEGORIES <b>NON-PATIENT</b>	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						
<b>TOTAL HOURS</b>						

<b>MILEAGE</b>						
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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.

