Volunteer Activity Log

XL Hospice, Inc.
Compassionate Care When Needed The Most

Type of Volunteer Activity
1- Patient Care
2- Volunteer Meeting
3- Office Assistance
4- Volunteer Chaplain
5- Bereavement
6- Other (please specify in comments)

Volunteer Name _____ Patient Name _____

Signature _____ Month/Yr _____

date	mileage	hours	type of activity	Comments, Observations, Concerns, etc.

PLEASE REMEMBER:

***Only include 1 patient's name on each form**
***Only write in black ink**
***Use a second form if you run out of room**

***Do not white out, scribble out, or black out information or names on the form. If you make a mistake you may line through and initial the error.**

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