LUTHERAN HOSPICE
VOLUNTEER ACTIVITY REPORT

Volunteer Name: **Date:**

Preparation and/or Travel Time: **Mileage:**

Patient Name: **Pt. ID#:**

Date of Contact: **Length of Contact:**

Type of Contact: ☐ **Visit** ☐ **Written** ☐ **Phone Call** ☐ **Other** ☐ **Refused Visit**

The following Patient related activities was conducted during the visit:

- ☐ Provide companionship/socialization.
- ☐ Provide active listening and/or life review.
- ☐ Assist with special task:
- ☐ Encourage Pt/Cg to care for his/herself.
- ☐ Deliver supplies/run errands/provide transportation.
- ☐ Provide Professional Service:
- ☐ Encourage Pt/Cg to make decisions & participate in care.
- ☐ Bereavement Contact: ☐ phone call ☐ visit ☐ written
- ☐ Build Trust and provide emotional support.
- ☐ Provide respite/sitting service.
- ☐ Provide Pet Therapy (Delta Certified).
- ☐ Provide activities with music.
- ☐ Provide other diversional activities.
- ☐ Other:
- ☐ Reinforce 24 hour availability of Hospice.
- ☐ Bereavement Contact: Funeral

Observations/Concerns/Comments:

The following Organizational related activities were conducted (Date & Time of Activity:):

- ☐ Office Assistant: ☐ clerical ☐ phone ☐ computer
- ☐ Volunteer Training
- ☐ In-service/Meeting
- ☐ Speaker's Bureau/Special Event
- ☐ Other:

Comments:

Volunteer Signature **Date**

Volunteer Services Coordinator/Designee Signature **Date**