

Volunteer Contact Record/Activity Report



Patient Name:					Patient #:				
Codes: 101 – Team Meeting 202 – Bereavement Visit 203 – Bereavement Phone Call					303 – Patient Visit – Home/Nursing Home 306 – Patient Visit – Hospital 308 – Patient Phone Call				
Choose the code above that represents time spent and enter below in black ink only . Return to Trellis within 24 hours of your visit or phone call.									
Date		Code		DURATION Direct time in hours and minutes		TRAVEL Indirect Travel time in hours and minutes		Narrative	

Significant Changes

Reported Verbally to: _____
(Hospice Staff Member's Name)

Date: _____

Volunteer Signature: _____

Date: _____

Volunteer Printed Name: _____

☐ Documentation Reviewed☐ Documentation Completed by Volunteer Coordinator☐ Visit reported verbally

Volunteer Coordinator Signature: _____

Date: _____