

**RESPITE CARE OF MARINETTE AND MENOMINEE COUNTIES
VOLUNTEER TIME SHEET**

Volunteer Name: _____

Year: _____

Month (circle): Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec

Date	Client Name or Activity	Home Visit	Hospital Visit	Phone Contact	Fund Raising	Training In-service	Clerical Office	Phone Contact	Other
1									
2									
3									
4									
5									
6									
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25									
26									
27									
28									
29									
30									
31									
	TOTALS								

- Notes:
1. Under "Home Visit Time" and include travel time with volunteer time.
 2. Remember to write volunteer note with each home visit.
 3. When contact with family after a patient has died, record under "Grief Support Time."
 4. Please return completed time sheets/visit reports to office by the 5th of each month.

Volunteer Signature: _____ Date: _____

Office Coordinator: _____ Date: _____

**PLEASE RETURN TO RESPITE CARE OFFICE BY THE 5TH OF EACH MONTH
PO Box 433, Marinette, WI 54143 or Phone 715-732-4474 and Leave a Message**