



Volunteer Service Activity Form

**Required Field*

VISIT DATE:* _____ **VOLUNTEER NAME:*** _____

OFFICE NAME:* _____
Example: PruittHealth Hospice (Atlanta)

PATIENT INITIALS _____ **PATIENT I.D.:*** _____

TIME IN (AM:PM):* _____ **LENGTH OF VISIT:*** _____

TOTAL TRAVEL TIME:* _____ **TOTAL MILEAGE:*** _____

TYPE OF SERVICE:*

Select One

RESPIRE - Sit with patient for short periods of time while caregiver goes to church, shopping, appointments, etc.

Companionship - Read aloud, write letters, life review, play cards, play games or music, organize photo albums or papers, watch TV or movies, bird watch, take dictation, puzzles, crafts, etc.

Emotional - Support Grief support.

Other - If other please describe type of services needed in the space below.

DESCRIBE WHAT OCCURRED DURING VISIT WITH PATIENT:*

Please ensure information is accurate.