

**Hospice Volunteers of Waterville Area**  
**304 Main Street Waterville, Maine 04901**  
 Phone 873-3615 ~ FAX 873-5094 ~ [www.hvwa.org](http://www.hvwa.org) ~ [hospiceinfo@hvwa.org](mailto:hospiceinfo@hvwa.org)

**Volunteer Time Sheet**

<b>Volunteer Name:</b>					<b>Month:</b>			<b>Year:</b>	
<b>Client Name:</b>					<b>Client DOB:</b>				
<b>Please check one:</b>	<b>CHV</b> <input type="checkbox"/>	<b>CCV</b> <input type="checkbox"/>	<b>HOPE'S PLACE</b> <input type="checkbox"/>	<b>BOARD MEMBER</b> <input type="checkbox"/>	<b>FRIEND OF HOSPICE</b> <input type="checkbox"/>	<b>BERV</b> <input type="checkbox"/>	<b>OTHER</b> <input type="checkbox"/>	<b>Please fill in the Client Service Area:</b> <hr style="border: 1px solid red;"/>	

<b>Volunteer Phone #:</b>	<b>Volunteer email:</b>
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**Volunteer Codes:**  
 CHV = Certified Hospice Volunteer  
 CCV = Complementary Care Volunteer  
 HP = Hope's Place  
 CROH = Camp Ray of Hope  
 CED = Continuing Education  
 BOD / COMM = Board or Committee  
 FH = Friend of Hospice  
 BERV = Bereavement

**PLEASE NOTE: The only hours you should document on this time sheet are those conducted OFF the Hospice Community Center campus. Activities conducted on the Hospice Community Center campus should be recorded there on the sign in / sign out sheet (in the reception area) and will be transferred to the appropriate records by the staff.**

DATE	Volunteer CODE	Client Contact Hrs.	Cont. Ed. Hours	Event Meeting Training Program Other	COMMENTS: (Brief description i.e. type of client contact; name of training; type of continuing education; name of event or committee)
<b>VOLUNTEER HOURS</b>				<b>TOTAL</b>	

**Additional Comments. Use page 2 if necessary but please note below that you are doing so.**

<b>Volunteer Signature</b> <u>OR</u> Enter name & email address if by email.	<b>Date:</b>
<b>Staff Signature:</b>	<b>Date:</b>

Please Complete and Return this time sheet by the 10th of the month to the address or FAX number listed above.  
 To send by email click on the email address at right and attach this file to your message: [hospiceinfo@hvwa.org](mailto:hospiceinfo@hvwa.org)