HopeWest

Volunteer Timesheet - Non Patient Care

Montrose Volunteers

☐ Heirlooms ☐ Orientation/Training ☐ On-going Education ☐ Gardening

Special Events	**Administrative – Clinical MM**	**Administrative – Non-Clinical NM**
☐ Montrose Gala	☐ Timesheet or Data Entry	☐ Advisory Board
☐ Golf Tournament	☐ Front Desk/Clinical Area	☐ Other Board _____
☐ Other: _____	☐ Bereavement Admin/Calls/Groups	☐ General Office Work
_____	☐ Memorial Ceremony Assistance	☐ Development Dept. Office Work
_____	☐ CT Admin/Buddy/Groups/Camps	☐ Library Work
	☐ Cake Baking	☐ Community Outreach
	☐ Sewing	☐ Other: _____

Volunteer Name: _____

Supervisor/Department: _____

*Month: _____

Year: _____

*Enter hours for only one month per timesheet.

** Include travel time in Hours Worked column for all volunteer work EXCEPT office work, orientation/training and on-going education.

Total Hours for Month: _____

Volunteer Initials: _____

Date	**Hours Worked	Mileage