

Administrative – Volunteer Activity Report

VOLUNTEER NAME: _____

DATE: _____

TIME IN: _____

TIME OUT: _____

ACTIVITIES/FUNCTION (Check applicable):

Answering Phones

Assist with Fundraising Campaigns

Public Relations

Filing

Set up/Man booths at Community Outreach Events

Special Projects

Data Entry

Assist with Patient/Family Mailings

Other Clerical Tasks

NEXT SCHEDULED VISIT?:

Yes

N/A

Date: _____

Time: _____

VOLUNTEER SIGNATURE:

By typing your name, you attest that the above information is correct and true.
