



## VOLUNTEER OUTREACH REPORT

TO BE COMPLETED AT THE END OF EVERY MONTH AND RETURNED TO THE VOLUNTEER MANAGER. This report is for all hours not counted on Sign-In Sheets, Patient Visit Reports and Bereavement Visit Reports.

VOLUNTEER NAME \_\_\_\_\_

MONTH / YEAR \_\_\_\_\_

VOLUNTEER ACTIVITY	Total Hours (Not including travel)	Total Miles (Round Trip)
Ambassador Volunteer	_____	_____
Bereavement Volunteer	_____	_____
Community Volunteer	_____	_____
Development Volunteer	_____	_____
<b>TOTAL</b>	_____	_____