

**Covenant Hospice
Bereavement Volunteer Contact Report**

Procedures: Use ink to complete this report after each contact (telephone call or visit) with bereaved family member. Please sign and return to your Volunteer Manager at the end of each month. The form will be forwarded to the Bereavement Specialist for review.

Bereaved Name: _____

Deceased Patient Name: _____

Contact Date: _____ Type of contact: _____
(phone call, visit, outing, etc.)

Time (total hours- in .5 increments): _____ Mileage (round trip) _____

Volunteer comments (please share any activities or observations that you made):

Did volunteer note any concerns since last contact? _____ **Yes** _____ **No**

If yes, please explain: _____

Volunteer: _____ Volunteer Manager: _____

Signature

Signature