Volunteer Monthly Report

NAME _____ Month/Year _____

Department Codes
1 – Social Support
2 – Peace by Piece
3 – Bereavement Support
4 – Nursing
5 – Special Events
6 – Board/ Committee
7 – Office Support

Date	Time (To the nearest ¼ hour)	Activity	Department
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7
			1 2 3 4 5 6 7

How was your volunteer experience this month? Excellent Good Fair Poor

Comments:_____

_____

_____

Signature _____ Date _____

Please return to Jessica Plank at Edmarc Hospice for Children for by the 5th of EVERY month. You can drop it off or mail it to 516 London St, Portsmouth, VA 23704, Fax it to 757-967-9124 or email to plankj@edmarc.org.