Comox Valley Hospice Society

102 – 1509 Cliffe Avenue
Courtenay, BC V9N 2K6
Phone: 250-339-5533
Fax: 250-871-5063

Volunteer Hours – DIRECT CARE

Month: _____ Name: _____

Assignment Codes:

A – Palliative Care Visitor
B – Home Palliative Care Visitor
C – Group (identify group)
D – Home Bereavement Visitor
E – In Service Education
F – Self Care Clinic
G – Hospital Bed Delivery
H – Travel
I – Vigil
J – Hospice at The Views
K – Other Project

Assignment Code	Date	Hours	Travel Time	Client Initials	Brief Description

MONTHLY TOTALS: | | |

PLEASE SUBMIT EACH MONTH, in person or by email: reception@comoxhospice.com

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Volunteer Hours – INDIRECT CARE

Month: _____ Name: _____

Assignment Codes:

L – Board
M – Clerical Support
N – Fundraising Project
O – Board Development
P – Committee Work
Q – Hospice at The Views
R – Other Project

Assignment Code	Date	Hours	Travel Time	Brief Description

MONTHLY TOTALS: | | |

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