

Patient/Resident Name: _____

Medical Record Number: _____

VOLUNTEER PROGRESS NOTE

INSTRUCTIONS:

- ✓ Enter time to the nearest five minutes.
- ✓ Do not use white out, if a mistake it made, ~~put a line through~~ and initial the entry.
- ✓ Complete form with a black ink pen.
- ✓ Print neatly.
- ✓ Sign and date the entry.
- ✓ Do not implicate other staff members, volunteers or patients in the documentation.
- ✓ Complete one sheet for each patient visit.
- ✓ Return form to the Hospice of Lansing, Inc. within 24 hours or your visit.

Part A: Please Complete

Clock in Time: _____ Clock out Time: _____

Travel Time: _____ Total Time: _____

Part B: Please check one:

Patient Scheduled Visit (33)

Funeral (21)

Bereavement (20)

Team Meeting (41)

Volunteer Training (54)

Patient Related Call (61)

Spiritual Care (62)

Community Education (52)

NOTES:

Volunteer: _____ **Date of Visit:** _____

Volunteer Coordinator: _____ **Date:** _____