



Hospice and Palliative Care of St. Lawrence Valley, Inc.  
 6805 US Highway 11  
 Potsdam, NY 13676

### Indirect Volunteer Time Sheet

Volunteer Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Month and Year: \_\_\_\_\_

Indirect volunteer activities: (Hold Shift bar to Select Multiple)

- \* PLEASE RECORD TIME TO THE NEAREST 15 MINUTES.
- \* DO NOT INCLUDE TRAVEL TIME IN THE LENGTH OF TASK.

DATE	ACTIVITY Choose from above list and include any helpful notes/changes	ROUND TRIP MILES	LENGTH OF TASK	STARTING TIME

*7.2021 Please return the completed form by the 5<sup>th</sup> of following month by mail or email to [kfavar@hospiceslv.org](mailto:kfavar@hospiceslv.org)*