Olds and District HOSPICE SOCIETY

Volunteer Time Sheet

Volunteer Name:_____

Date	Board or Committee Meeting	Board Development	Client Care	Office/Admin	Education/ Public Info/ Presentation	Conference	Fundraising Meeting *Please name event*	Fundraising Event *Please name event*	Comments
Sub-totals									

Please submit monthly. All partial sheets need to be submitted by Dec 31 of each year for year-end statistics summary. *Thank you.*

Total Hours: