



PATIENT & CHAPLIN VOLUNTEER RECORD & TIME SHEET

1108 E College Dr, Marshall, MN 56258

Volunteer _____ Patient/Family _____

Date of Visit _____ Time In _____ Time Out _____

Travel Time _____ Mileage (if reimbursement requested) _____

Place of Visit: Home _____ Hospice House _____ Nursing Home _____ Assisted Living _____ Other _____

Role: Patient Volunteer Chaplain Visit

CARE PROVIDED:

- Active listening, Devotional reading, Wheelchair ride, Transportation, Companionship, Prayed with patient, Shopping/errands, Music, Sat with patient, We Honor Vets Activity, Visited with family, Reverie Harp, Reminiscing, Watched TV, Nursing home activity, Support at time of death, Formal life review, Played games/cards, Caregiver respite, Visitation/funeral, Reading, Wrote letters, Outing, Other

What Patient/Family Says: _____

Concern/Comments: _____
Follow Up: _____

Volunteer Signature _____
Date _____
Reviewed by _____
Reviewed Date _____