



Volunteer Helping Hands -- Volunteer Service Log

Please complete one log for each visit

Volunteer: _____

Date of Visit/Contact: _____

Client: _____
(First name, Last initial)

Type of Contact: In-Person Virtual (phone/Zoom)

***Please share a bit about your visit with the client, caregiver or family. REMINDER: Your stories are the most important part of your log! Please don't leave this blank.**

Activities - Please list the total # of hours spent on each task during this visit. (Please round to nearest half hour):

Tasks	Hours
Companionship/Friendly Visits	
Help around the house (i.e. laundry, chores)	
Running errands (i.e. grocery shopping, pharmacy)	
Home Repair/Maintenance	
Meal Preparation/Serving	
Resource sharing/Referrals	
Complementary Services/Stress Reduction (i.e. massage, Reiki, mindfulness, music)	
Transportation (while with the client – i.e. doctors appointment, treatment)	
Total Visit Hours:	

If you provided transportation, please specify to and from what services: _____

Were you relieving a family caregiver who would usually perform these activities?

No Yes

Is this caregiver/family in need of additional support?

No Yes, please describe _____

Was there a decline in the client's status from your last visit?

No Yes, please describe _____

Volunteer Travel Time (time to and from client, **NOT** travel time during visit): _____

Total Mileage (mileage to and from client **AND** during visit): _____