



SOOKE HOSPICE SOCIETY

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VOLUNTEER ACTIVITY REPORT

VOLUNTEER NAME _____

NUMBER _____

Please provide information on all your Sooke Hospice Society activities. Use a separate line for each activity.

DATE	ACTIVITY (e.g. phoned Jean Smith, voln meeting, visited Fred Jones, bereavement training at office etc)	TIME SPENT ON ACTIVITY	TRAVEL TIME	KILOMETERS TRAVELLED
TOTALS				

Request for reimbursement _____ km

Tax receipt required YES NO

Volunteer signature _____ Date _____

Approved by _____ Date _____