



The Heart Touch Project

VOLUNTEER SERVICE REPORT

Volunteer Name: _____ **Month** _____ **Year** _____

Therapy Hours is the time spent with client. **Non-Therapy Hours** include travel and set-up time. **Support hours** include office work, outreach events etc. For each month, please indicate if you attended the in-service. **Thank you** for taking the time to complete and submit these crucial service reports. Please feel free to call Heart Touch with your questions/concerns.

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Date of Service _____ **Location/Facility** _____

_____	Therapy Hours
Name of Client or Event _____	_____ Non-Therapy Hours
Medical Condition/Changes/Observations: _____	_____ Support Hours
_____	_____ TOTAL HOURS

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Date of Service _____

Location _____	_____ Therapy Hours
Name of Client or Event _____	_____ Non-Therapy Hours
Medical Condition/Changes/Observations: _____	_____ Support Hours
_____	_____ TOTAL HOURS

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Date of Service _____

Location _____	_____ Therapy Hours
Name of Client or Event _____	_____ Non-Therapy Hours
Medical Condition/Changes/Observations: _____	_____ Support Hours
_____	_____ TOTAL HOURS

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Date of Service _____

Location _____	_____ Therapy Hours
Name of Client or Event _____	_____ Non-Therapy Hours
Medical Condition/Changes/Observations: _____	_____ Support Hours
_____	_____ TOTAL HOURS

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Total Hours This Month: _____ Therapy Hours _____ Non-therapy Hours _____ Support Hours

I attended the in-service this month: Yes No

Volunteer's Signature _____ Date _____