



## Dr. Bob Kemp Hospice Volunteer Hours

**Name:** \_\_\_\_\_

**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Volunteer Position	Date	Total Hours
In - Home		
In - Hospital		
LTC Facility		
Residential Support		
Bereavement Support		
Telephone Support		
Day Hospice Program		
Fundraising		
Volunteer Education		
Administrative Support		
Reception		
Volunteer Meeting		
Other		

**Please return by fax or mail to the office by the first of each month!**

**Dr. Bob Kemp Hospice**  
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**Hamilton, ON L9B 1B1**  
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**FAX: (905) 387-7822**