



IOWA CITY HOSPICE

Outreach Activity Volunteer Time Sheet

Name of Volunteer _____

Volunteer's Signature _____

DATE	ACTIVITY DESCRIPTION	NUMBER OF HOURS (include travel & prep time)	# OF PARTICIPANTS (if applicable)

Comments _____

Thank you for volunteering! Please return to: Margaret Reese, development and marketing manager, Iowa City Hospice, 1025 Wade St., Iowa City, IA 52240, Fax: 319-351-5729. Questions? Contact Margaret at: 319-688-4219, 319-310-6399 (cell) or margaret.reese@iowacityhospice.org. This form is also available for download at: <http://www.iowacityhospice.org/help/volunteer.html>.



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