

Hospital Volunteer Hours Tracking Form

Please use this form to log your volunteer hours. Once completed, obtain your supervisor's signature and submit this form to the Volunteer Services Department.

Volunteer Information

Volunteer Full Name:

Volunteer ID Number:

Email Address:

Phone Number:

Assigned Department/Ward:

Volunteer Hours Log

Date (MM/DD/YYYY)	Start Time	End Time	Total Hours	Activity/Duties Performed	Supervisor Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Cumulative Hours for this Sheet:

Signatures and Verification

By signing below, the volunteer and supervisor certify that the hours recorded above are accurate and represent actual volunteer services provided to the hospital.

Volunteer Signature (Print Name if filling digitally):

Date:

Supervisor Name:

Supervisor Signature (Print Name if filling digitally):

Date: