

**Volunteer Documentation Form** – use only if not reporting on the website

Care Recipient's Name

Volunteer's Name

Date of Visit

Duration of Visit

1. Care notes (care recipient's condition, tasks performed, needs expressed/met, etc.)

2. Care recipient/family needs to be addressed by LIFT personnel

3. Spiritual care notes (passages of Scripture read, etc.)

4. Note any practical needs to be met by Support Team

Volunteer signature

***Submit completed forms to your LIFT Coordinator***