

Sun Valley Hospice Administrative Volunteer Note

Volunteer Name: _____ Date: _____

Time In: _____ Time Out: _____ Length of Visit: _____

Type of Activity (chek all that apply)

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> General Clerical Duties | <input type="checkbox"/> Marketing | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Other | <input type="checkbox"/> Special Project | <input type="checkbox"/> Copying |
| <input type="checkbox"/> Made Phone Calls | <input type="checkbox"/> Data Entry | |

Brief Narrative of Administrative Duties: _____

Volunteer Signature: _____

When finished, please submit this form to Sun Valley online, via mail, or fax.
To submit online: save a copy to your desktop and attach it to an email.
Email Address: Nancy.Trevett@sunvalleyhc.com
Mail: 7227 E Baseline Rd, Suite 129, Mesa, AZ 85209
Fax: 480-633-1556