UI Health Care Medical Center Downtown Volunteer Services Timesheet

· Complete a separate sheet for each unit shift when you volunteer.
· Record your name, date and number of hours you served.
· Please mark your area of service with the corresponding area.
· For questions regarding hours, contact Dorothy Whalen at dorothy-whalen@uiowa.edu, or email volunteerservices@uiowa.edu.

FIRST AND LAST NAME: _____

DATE: _____

NUMBER OF SERVICE HOURS: _____

VOLUNTEER AREA:

- ☐ Baby Hats
- ☐ Hand Hygiene
- ☐ Volunteer Services
  - ☐ Day Chair
  - ☐ Special Projects
  - ☐ Clerical
- ☐ Gift Shop
- ☐ Guest Lodging
- ☐ Information Desk
- ☐ SHIIP/SMP
- ☐ Spiritaul Services
- ☐ 3 Center
- ☐ 3 West
- ☐ 4 Center
- ☐ Emergency Dept
- ☐ Telemetry
- ☐ Wound Clinic
- ☐ Other: _____

_____

IOWA HEALTH CARE