



GRIEF SUPPORT VOLUNTEER
PROGRESS NOTE

Client Name: _____ Date of Visit: _____
Name of Deceased: _____ Date of Death: _____

Activities with Client:

- Conversation
- Reminisce/Life Review
- Art/Music
- Massage
- Spiritual
- Walk/ Physical Activity
- Reading
- Energy Work
- Household Support
- Errands
- Share Meal
- Other_____

Comments: (nature of interaction with client, emotional/physical status of client/family, special observations, etc.):

Next visit/plan: _____

Time Spent during Visit: _____

Time Spent during Phone Call: _____

Time Spent on Travel: _____ Mileage: _____

Other (describe): _____

Total Time: _____

Volunteer Signature: _____ Date: _____
Volunteer Services Signature: _____ Date: _____
Bereavement Services Signature: _____ Date: _____