

[acvvs@qccn.org.au](acvvs%40qccn.org.au) **Monthly Volunteer Record of Visits**

**Volunteer Name:**

**Aged Care Facility:**

**For the Month of:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time In | Time Out | Resident Visited | Activities ie. Reading, Social Visit |
|   |   |   |   | Social Visit |
|   |   |   |   | Social Visit |
|   |   |   |   | Social Visit |
|   |   |   |   | Social Visit |
|   |   |   |   | Social Visit |
|   |   |   |   | Social Visit |
|   |   |   |   | Social Visit |

**Please complete each month and return to QCCN (****acvvs@qccn.org.au****)
Thank you for participating in the program!**

***Remember, if you weren’t able to visit your friend due to facility lockdown or if you are unwell make a mention on this form. Don’t forget that telephone calls and letter writing are acceptable alternatives when face to face visiting is not available and can help your friend feel connected.***