Watchman Representative Activity Report

The Watchman™ Ministry of Hospice of Holland Home

Report For: Month_____ Year_____ Name:_____

Phone Number:_____ Church or Faith Community:_____

Please document all activities (i.e. family meetings, presentations, inservices, volunteer recruitment, etc.) and planning time related to The Watchman™ Ministry of Hospice of Holland Home.

Date	Brief Description of Activity	Total Time (round to .5 hr)
	Total	

Did any of the above activities result in a:

Hospice referral? **r** yes **r** no If yes, how many? _____ Comments _____

Hospice admission? **r** yes **r** no If yes, how many? _____ Comments_____

Congregational Needs: Please indicate any support needs that we can assist you with:

r Hospice Volunteer Training *(number of individuals)*_____

r Speakers' Bureau Presentation(s) *(please specify topic)*_____

r Bereavement Support *(number of individuals)*_____

r Other *(please specify need)*_____

Church News: Do you have any upcoming events or announcements ie. Health Fairs, New Ministries, etc. that you would like to include in The Watchman™ Ministry newsletter? *(please specify dates).*

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Please use back side for additional comments.

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Watchman™ Representative Signature Date

*Please mail this form to your Watchman Coordinator at 2100 Raybrook Ave. SE, Grand Rapids, MI 49546 OR Fax to (616) 235-5050 by the **first day of each month**. Thank You!*