

PHYSICAL THERAPY VOLUNTEER HOURS LOG

Institution:

Name:

Date Range:

[illegible]

Date: The date of the volunteer session. Time In: The time you started volunteering. Time Out: The time you finished volunteering.

Activity Description: Briefly describe the tasks you performed (e.g., patient exercises, administrative work, etc.).

Supervisor Name: Name of the physical therapist or supervisor overseeing your work.

NOTES