DIAKON COMMUNITY SERVICES
DIAKON CHILD, FAMILY & COMMUNITY MINISTRIES

INSTRUCTIONS:

1. Return completed form by 7th of following month
2. Be sure to include volunteer station supervisor's signature and your signature at the bottom
3. Scan/Email to: MitchellKat@diakon.org
4. Or mail to: RSVP
   1 South Home Ave.
   Topton, PA 19562
5. Or Fax to 610-682-1597

RSVP VOLUNTEER MONTHLY TIME REPORT

For Office Use Only

DH

KM

Thank You For Your Participation!

Name: _____ Mailing Address: _____

Phone: _____ Email: _____

Station Name: _____ Month: _____ Year: _____

Auto Insurance Information on file? **Y** or **N**

Date	Volunteer Assignment	# of Hours	# of People Served	Start Odometer	End Odometer	Total Miles

VOLUNTEER: By signing below, I certify that this statement and the amount claimed are true, correct and complete to the best of my knowledge. I certify that I possessed a valid driver's license and that liability insurance in the minimum amount required by law was in force at the time of this travel.

STATION SUPERVISOR: By signing below, I certify that to the best of my knowledge this claim is correct and true.

RSVP Volunteer Signature: _____ **Date:** _____

Station Supervisor Signature: _____ **Date:** _____

RSVP Staff Signature: _____ **Date:** _____

RSVP Director Approval: _____ Impact Area: _____ Allowable Hours _____

 If you have any questions, please call Kathy @ (610) 682-1351. Thank You.