



RSVP VOLUNTEER MONTHLY TIME REPORT

Thank You for Your Participation!

Name:

Do you want mileage reimbursement?

| Date | Volunteer Station Name | Volunteer Assignment | Service Example: # people educated or trained Miles of trails or rivers treated. Other service. | Hours | Mileage to and from Station | Station supervisor Signature and date |
|------|---------------------------|-------------------------|--|-------|-----------------------------------|--|
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VOLUNTEER: By signing below, I certify that this statement and the amount claimed are true, correct and complete to the best of my knowledge. **STATION SUPERVISOR**: By initialing above, I certify that to the best of my knowledge this claim is correct and true.

| RSVP Volunteer Signature: | Date: |
|--------------------------------|-------|
| RSVP Representative Signature: | Date: |

Please feel free to call 570-419-7858 or email with any questions.

Return this form by mail to: Diakon Attn. Chris Barton 435, West Fourth St. Williamsport, PA, 17701 or email BartonC@Diakon.org.