A	AmeriCorps Seniors
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Ð	DIAKON COMMUNITY DIAKON CHILD, FAMILY & COMMUNITY MINISTRIES
INST	RUCTIONS:

Return completed form by 7th of following month

RSVP VOLUNTEER MONTHLY TIME REPORT

 Be sure to include volunteer station supervisor's signature and your signature at the bottom Email to: davisp@diakon.org 		
Name:	Mailing Address:	
Phone:	Email:	
Station Name:	Month:	Year:

Date	Volunteer Assignment	# of Hours	# of People Served

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 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/Director Signature:		Date:	
Impact Area:	Allowable Hours	Notes:	

Monthly Time Report – Rev. 06/23 *If you have any questions, please call Penny Davis or Selena Vivino @ (570) 784-9272