DIAKON COMMUNITY SERVICES
DIAKON CHILD, FAMILY & COMMUNITY MINISTRIES

AmeriCorps Seniors

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. Email to: mitchellkat@diakon.org
4. Or print and mail to: RSVP
   1 South Home Avenue
   Topton, PA 19562

RSVP VOLUNTEER MONTHLY TIME REPORT

Thank You For Your Participation!

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: _____

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