

**RSVP VOLUNTEER MONTHLY TIME REPORT**

**Thank You for Your Participation!**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Station Name: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Date	Volunteer Assignment	Hours	Service <i># people educated or trained miles of trails or rivers treated or other service</i>

**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 Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Impact Area: \_\_\_\_\_ Allowable Hours: \_\_\_\_\_ Notes: \_\_\_\_\_

Please feel free to call with any questions. Return this form by mail or email to  
Diakon Community Services | AmeriCorps Seniors RSVP appropriate representative.

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