



**AmeriCorps
Seniors**



DIAKON COMMUNITY
SERVICES
DIAKON CHILD, FAMILY & COMMUNITY MINISTRIES

RSVP VOLUNTEER MONTHLY TIME REPORT

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: carlsona@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: _____

****If you have any questions, please call Allison Carlson or Kelly Cruickshank @ (570) 784-9272***