Diakon
COMMUNITY SERVICES
FOR SENIORS

AmeriCorps Seniors

RSVP/Diakon VOLUNTEER MONTHLY TIME REPORT

Thank You for Your Participation!

Name:_____ Station Name:_____

Date	Volunteer Assignment	Hours	Service *# people educated or trained* *miles of trails or rivers treated* *or other service*

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/Diakon 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.

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.