

# RSVP MONTHLY VOLUNTEER TIME REPORT

Volunteer Name \_\_\_\_\_

County or Station \_\_\_\_\_

Date of Service	Start time	End time	Total Hours	Client Name	Brief description of service activities <small>Transportation: Please indicate each stop made where the client exited the vehicle. <i>Ex: Dr. appt., grocery store, pharmacy, home.</i> Stations: <i>Cashier, tour guide, front desk, etc.</i> Home Companions: <i>Visit, read to client, housework etc.</i></small>	Home companion OR Lifeline	Driver	Drove RSVP VAN?  YES or NO	Personal Vehicle  Total Miles Driven
TOTAL HOURS =				Mileage Reimbursement? YES NO				Total Miles	

**Please be sure to keep this timesheet accurate and submit to your Field Representative no later than the 3rd day of the month!**

Under 55? YES

**By signing this document, I certify that I have served these hours.**

Station Supervisor/Field Rep. Signature \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_