

RSVP MONTHLY VOLUNTEER TIME REPORT

Volunteer Name _____

County or Station _____

Date of Service	Start time	End time	Total Hours	Client Name	<u>Brief description of service activities</u> 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>	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 or, if based in Carson City, the Carson City RSVP office no later than the 3rd day of the month!

Is Client Under 60? YES

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

Station Supervisor/Field Rep. Signature _____

Volunteer's Signature _____

RSVP Staff Signature _____