

**RSVP VOLUNTEER
MONTHLY TIME REPORT**



<u>For office use only</u>	
MP	_____
DK	_____
JB	_____
MT	_____

- INSTRUCTIONS:**
- a) Return completed form by 7th of following month
 - b) Be sure to include your signature at the bottom
 - c) Email to mturitz@monroecountypa.gov
 - d) Or print and mail to: RSVP 411 Main Street, Suite 102B Stroudsburg, PA 18360
 - e) Or Fax to (570)420-3732

THANK YOU FOR YOUR PARTICIPATION!

NAME: _____

Month _____

Year _____

SITE	ASSIGNMENT	TOTAL HOURS
Where are you volunteering?	What are you doing?	# of hours this month at this assignment? (use whole hours only)

Please answer the following questions if they are associated with your volunteering duties.

How many people have you served:

- Grocery Shopping? #__
- Friendly Phone Calls? #__
- Home Repairs? #__
- Educated/Tutored? #__
- Mentor/Counsel? #__
- Food/Meal Delivery? #__
- In-Home Friendly Visits? #__
- Medical Transportation? #__
- Exercised/Hiking/Dancing? #__
- # of Veterans? #__

How many miles have you cleared, cleaned or maintained?

- Trails? #__
- Streams? #__
- Parks? #__
- Roads? #__

Any messages, comments or notes to Merle or Emily?

VOLUNTEER NAME: _____

COMPLETE ADDRESS: _____

Phone: _____

Cell: _____

Email: _____

Volunteer Signature X _____

Supervisor Signature (if applicable) x _____

RSVP Director Approval _____

Impact area: _____

Allowable Hours _____