Host Station Timesheet for RSVP Volunteers

*Please mail or fax this form by the **10th** of the following month.*

Host Station Name:_____

Month: _____ **Year:** _____

RSVP Central ND
1223 South 12th Street; Suite 4
Bismarck, ND 58504
Fax: 701-258-6771
Office: 701-258-5436

Date	**RSVP Volunteer Name** Please Print	**Volunteer Check In** *Initial*	**Reports Online** Yes or No	**Type of Volunteering**	**Total Hours**	**Total # Served**	**Impact Area ?** Yes or No *See Below	**$$$$$ In – Kind Contribution**

RSVP Impact Areas:

Delivery of Health Services Food Distribution Mentoring Children Tutoring & Child Literacy Thrift Stores Kids on the Block
Depression Screening Immunization Cultural Heritage Congregate Meals Tax Consulting Fundraising Companionship/ Outreach

RSVP keeps track of these impact areas for reporting purposes.

****Station Supervisor Signature:**_____

Station supervisor signature is REQUIRED for RSVP to count the hours