Work Station Timesheet for RSVP Volunteers

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

Work Station Name: _____

Month: _____ **Year:** _____

RSVP (Retired & Senior Volunteer Program)
1223 South 12th Street
Suite 4
Bismarck, ND 58504
Fax: 701-258-6771
Office: 701-258-5436

Date	Volunteer Name - Printed	Volunteer Signature	Type of volunteering	# of people served	In-kind contribution	Hours

Station Representative Signature (required for us to count the hours) _____

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