

# Self-Reporting Volunteer Timesheet

Please mail or fax this form by the 10<sup>th</sup> of the following month.

Volunteer Name (Printed) \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

RSVP (Retired & Senior Volunteer Program)

1223 South 12<sup>th</sup> Street

Suite 4

Bismarck, ND 58504

Fax: 701-258-6771

Office: 701-258-5436

Date	Hours	Type of Volunteering	Volunteer Station	# of people served	Station Representative Signature	In-kind contribution value
5	3	Inputting computer data	RSVP		<i>Julie Eikamp</i>	\$4 for lunch
8	4	Mentoring training	Salvation Army			
21	2 ½	Mailing	AARP	250		\$4.50 for lunch

Volunteer Signature (required for your hours to be counted): \_\_\_\_\_