Self-Reporting Volunteer Timesheet

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

Volunteer Name (Printed): _____

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	Hours	Type of Volunteering	Volunteer Station	# of people served	Station Representative Signature	In-kind contribution value

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

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Date	Hours	Type of Volunteering	Volunteer Station	# of people served	Station Representative Signature	In-kind contribution value

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