Self- Reporting Volunteer Timesheet

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

Volunteer Name: _____

Month:_____ Year: _____

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

Date	Hours	Type of Volunteering	Volunteer Host Station	Impact Area Yes or No ** Refer Below **	# of people served	$$$$$ 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.

****Volunteer Signature:_____**

Your signature is REQUIRED for RSVP to count your hours. Thank you!