

**VOLUNTEER** \_\_\_\_\_

**MONTH:** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**Please return by 10<sup>th</sup> of the following month**  
**SIGNATURES REQUIRED**

**RSVP TIMESHEET**  
 Retired & Senior Volunteer Program

Return to: **South Central RSVP**  
**502 10<sup>th</sup> Ave SE**  
**Jamestown, ND 58401**

**Ph.701-252-2882** or Fax:701-252-2529

**Total  
Hours**

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DATE	HOURS	VOLUNTEER STATION	TYPE OF VOLUNTEERING	# SERVED
1.				
2.				
3.				
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Volunteer Signature \_\_\_\_\_

Station Rep's Signature(s) \_\_\_\_\_