

RSVP Volunteer Program

--RSVP Office Use Only--

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|-----------------------------------|--|
| Date Received & staff initials | |
| Date Entered | |

Volunteer Hours Report & Reimbursement Request

-Volunteers: Please complete, *sign/date at bottom*, & return to volunteer supervisor **at end of each month**.

-Supervisors: Please *sign/date* & return this form with your monthly summary report.

Due by the 10th of the following month; 9th if 10th is a weekend (e.g., October hours due by November 10th).

| Volunteer Name (please print): | | | Month: | | |
|--------------------------------|--|--------------|---------------------|-----------------------------|----------------------------------|
| Site Name: | | | Year: | | |
| Date | Volunteer Activity <i>e.g., pack food, friendly visit, etc.</i> | Hours Worked | Miles Driven | Bus Fare/ Metro Mobility | |
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| Volunteer Signature | | Date: | Total Hours: | Total Miles: | Total Bus/ Metro Mob: |
| Supervisor Signature | | Date: | | | |

East Metro: 612-704-6116 jkoschak@voamn.org 3333 N 4th St, Minneapolis MN 55412

West Metro: 612-704-6114 dagmar.koch@voamn.org 3333 N 4th St, Minneapolis MN 55412

East Central MN: 612-390-5218 mmendyke@voamn.org 38 Union Street N, Mora MN 55051

FAX (all): 888.657.4993 voamnwi.org/rsvp

