RSVP
...a program of Solid Ground

KING COUNTY RETIRED & SENIOR VOLUNTEER PROGRAM

VOLUNTEER TIME SHEET FOR: MONTH _____ YEAR_____

Due in the RSVP office BY THE FIFTH DAY (5th) of each month.

Name of Volunteer: _____ Agency: _____

Location where service is performed: _____

Please Note: Maintaining continued eligibility for insurance coverage depends on regular monthly reporting by the 5th of each month.

Date	Activities *(Do Not Leave Blank)*	Number of Hours
	TOTAL	

Volunteer's Signature: _____

Volunteer's Address: _____City & Zip: _____

Agency Volunteer Supervisor Signature: _____

RSVP Program Coordinator Signature: _____

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