

Retired and Senior Volunteer Program (RSVP)

100 South Main Street, Belen, NM 87002 Phone : 505-966-2567 Fax: 505-966-2566

VOLUNTEER TIME SHEET

MONTH _____ 20 _____

Volunteer Name: _____ Name of Volunteer Site: _____

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Totals |
|----------------|--------|--------|---------|-----------|----------|--------|----------|--------|
| Week #1 | | | | | | | | |
| Hours | | | | | | | | |
| Miles | | | | | | | | |
| Week #2 | | | | | | | | |
| Hours | | | | | | | | |
| Miles | | | | | | | | |
| Week #3 | | | | | | | | |
| Hours | | | | | | | | |
| Miles | | | | | | | | |
| Week #4 | | | | | | | | |
| Hours | | | | | | | | |
| Miles | | | | | | | | |
| Week #5 | | | | | | | | |
| Hours | | | | | | | | |
| Miles | | | | | | | | |

TOTAL HOURS: _____

TOTAL MILES: _____

Volunteer Station #1

Volunteer Signature

Volunteer Station Manager Signature

Volunteer Station #2

Volunteer Signature

Volunteer Station Manager Signature

RSVP Assistant Signature

Date

Initials