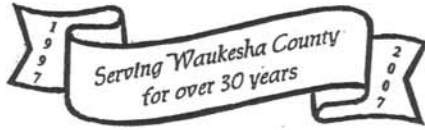




RETIRED & SENIOR VOLUNTEER PROGRAM of Waukesha County



RSVP of Waukesha County
c/o Interfaith Senior Programs
210 NW Barstow Street
Suite 101
Waukesha, WI 53188-3771

VOLUNTEER REPORT FORM

*Return this form to RSVP by the 10th of the month following your volunteer service.
 List only one agency per section please; use both sides. Call RSVP if you have any questions.*

Volunteer Signature _____ Month _____

Agency served:					<i>Fill in only if you need reimbursement*</i>		<i>For Office Use Only</i>
Date	Activity	Time In	Time Out	Hours	Mileage	Meal	
Signature of supervisor:					Date:		

Agency served:					<i>Fill in only if you need reimbursement*</i>		<i>For Office Use Only</i>
Date	Activity	Time In	Time Out	Hours	Mileage	Meal	
Signature of supervisor:					Date:		

⇒ More sections on back. ⇒

RSVP Authorized signature _____ Date: _____

- *Mileage:* Round-trip mileage or fare. *Meal:* If you work at least four hours and through a mealtime.

This form must be signed by the Volunteer and the Agency Supervisor for reimbursement