	AmeriCorps Seniors
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Ð	DIAKON COMMUNITY SERVICES	
/	DIAKON CHILD, FAMILY & COMMUNITY MINISTRIES	
INST	RUCTIONS:	

1. Return completed form by  $7^{th}$  of following month

## RSVP VOLUNTEER MONTHLY TIME REPORT

2. 3.	Be sure to include volunteer station supervisor's signature and your signature at the bottom Email to: davisp@diakon.org		
Na	ame:	Mailing Address:	
Pł	none:	Email:	
St	ation Name:	Month:	Year:

Volunteer Assignment	# of Hours	# of People Served
	Volunteer Assignment	Volunteer Assignment  # of Hours

**VOLUNTEER**: By signing below, I certify that this statement and the amount claimed are true, correct and complete to the best of my knowledge.

**STATION SUPERVISOR**: By signing below, I certify that to the best of my knowledge this claim is correct and true.

RSVP Volunteer Signature:		Date:	
Station Supervisor Signature:		Date:	
RSVP Staff/Director Signature:		Date:	
Impact Area:	Allowable Hours	Notes:	

Monthly Time Report – Rev. 01/22 \*If you have any questions, please call Penny Davis or Kathlyn Holdren @ (570) 784-9272