



**AmeriCorps  
Seniors**

## RSVP VOLUNTEER MONTHLY TIME REPORT

**Thank you for your participation!**

Please complete this form and RETURN form by the 7<sup>th</sup> of the following month.  
You can scan & attach to [mturitz@monroecountypa.gov](mailto:mturitz@monroecountypa.gov),  
fax to 570-420-3732 or drop off/mail to RSVP 411 Main Street Suite 102B  
Stroudsburg, PA 18360 . Thank you.

### VOLUNTEER CONTACT INFORMATION

NAME		EMAIL			
STREET		CITY		ZIP	
PHONE		CELL			

Please use one time sheet for all assignments for the month.

MONTH		YEAR	20_____
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SITE	ASSIGNMENT	Total Hours	# People Served
Where are you volunteering?	What are you doing?	How many hours? Whole Numbers only	How many people benefitted?

SIGNATURE X \_\_\_\_\_  
This signature confirms that all the information contained herein is true.

MESSAGE TO RSVP DIRECTOR: