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| RSVP VOLUNTEER MONTHLY TIME REPORT  Thank you for your participation!  Instructions: Use TAB to navigate through the form. Be sure to include your Electronic Signature at the bottom. “SAVE AS” to your desktop for easy access. RETURN form by the 7th of the following month.  Attach to email 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 |
|  |

VOLUNTEER CONTACT INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME |  | EMAIL |  | | |
| STREET |  | CITY |  | ZIP |  |
| PHONE |  | CELL |  | | |
|  | | | | | |

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

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| --- | --- | --- | --- | --- |
| MONTH |  |  | YEAR |  |

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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?** |
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ELECTRONIC SIGNATURE:

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| MESSAGE TO RSVP DIRECTOR: |
|  |

This electronic signature confirms that all the information contained herein is true.