



**RSVP or 3CV**  
**2021 GROUP VOLUNTEER TIME**  
**SHEET, MONTH of \_\_\_\_\_**

**STATION**  
**NAME: \_\_\_\_\_**

270 SCOTT STREET  
 PASO ROBLES, CA 93446  
 805.544.8740 Office  
 805.544.9146 Fax

Please mail, fax, or email your timesheet to - [Mary@srvolunteer.org](mailto:Mary@srvolunteer.org)

PRINT VOLUNTEER'S NAME	ASSIGNMENT	DAY/ HOURS	DAY/ HOURS	DAY/ HOURS	DAY/ HOURS	DAY/ HOURS	TOTAL MONTHLY HOURS	TOTAL MONTHLY MILEAGE	REIMBURSE FOR MILEAGE	VOLUNTEER'S SIGNATURE FOR REIMBURSEMENT
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	
									NO / YES	

Station Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Only those who regularly report hours are covered by our supplemental insurance. Hours should be submitted by the 10th of the month. Station coordinator/supervisor and volunteer must sign for mileage reimbursement - for those reporting mileage as an in-kind donation no signatures are required. If you've chosen to donate your mileage to SVS/RSVP/3CV - "Thank You!"