



270 SCOTT STREET
 PASO ROBLES, CA 93446
 805.544.8740 Office
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RSVP/3CV VOLUNTEER TIME SHEET-MONTH/YEAR _____

PRINT NAME		EMAIL OR PHONE		
STREET ADDRESS		CITY/STATE/ZIP CODE		
RSVP MONTH	STATION NAME	TOTAL MONTHLY HOURS	ASSIGNMENT	MILEAGE *
3CV MONTH	STATION NAME	TOTAL MONTHLY HOURS	ASSIGNMENT	MILEAGE *

Please fax or email your timesheet for both RSVP and 3CV to - MARY@srvolunteer.org

Volunteer Signature _____ Date _____

Station Coordinator Signature _____ Date _____

NOTE: Only those who regularly report hours are covered by our supplemental insurance. Mileage reimbursement requires this form to have a station coordinator's signature for approval and be submitted by the 10th of the month. ***If you're submitting your mileage for reimbursement, please check YES__ NO__.** Wishing to submit your mileage as an in-kind donation to SVS/RSVP/3CV? If so, please check YES__. Senior Volunteer Services must match 30% of its grant total as in-kind donations, so if you've chosen to donate your mileage - "Thank You!"