



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



RSVP/CCCV VOLUNTEER TIME SHEET 2021, MONTH of _____

PRINT NAME	EMAIL OR PHONE
STREET ADDRESS	CITY/STATE/ZIP CODE

RSVP MONTH	STATION NAME	TOTAL MONTHLY HOURS	ASSIGNMENT	MILEAGE *

CCCV MONTH	STATION NAME	TOTAL MONTHLY HOURS	ASSIGNMENT	MILEAGE *

Please fax or email your timesheet for both RSVP and CCCV 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 circle YES__ NO__.** If you'd like your mileage to be used as an in-kind donation to SVS/RSVP/CCCV, please mark 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!"