



**RSVP MONTHLY STATION HOURS REPORT**

**Please return this form to the RSVP office by the 10th of each month.** All names listed must be enrolled as RSVP volunteers. If a volunteer is no longer active, please make a note. The Station Supervisor's signature designates that all volunteer hours are accurate. Thank you for your time and collaboration with the Family & Community Services, Inc's RSVP office!

Station: \_\_\_\_\_ County \_\_\_\_\_

Station Supervisor: \_\_\_\_\_ Station Supervisor Signature: \_\_\_\_\_

RSVP Coordinator: \_\_\_\_\_ RSVP Coordinator Signature \_\_\_\_\_

Month/Year: \_\_\_\_\_ Performance measure \_\_\_\_\_

**Unduplicated people served (Output) \*\***      **Unduplicated Needs Met (Outcome) \*\***      **(\*\*Backup Paperwork attached)**

Volunteer:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL