



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 If a volunteer is no longer active, please make a note.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: _____

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