

RSVP

RSVP Volunteer Caregivers

23122 Whitehall Rd. Independence, WI 54747

Monthly Individual Volunteer Time sheet

Month _____ Year _____

Volunteer Name _____

Notes: Fill in the month and year above. Below fill in the name of care receiver, service you provided etc. Use your best judgment about the assistance you gave. For example if the outing involved driving to a shopping destination, please list transportation time separate from shopping time. List the total amount of time you spent volunteering including from the time you left home until the time you returned. Round up to the half hour. If you want a letter from the RSVP office stating your volunteer mileage for the year, you must record the miles you have driven for each date of service. We will total all mileage at the end of the year and give you a letter for tax purposes. If you are not tracking mileage, please leave mileage area blank.

If you have questions call 715-985-2391 Cheryl ext.1205 or Erika ext. 1232. Please return this form to the address above at least monthly. Thank you!

CODE GROUPS

- 1 Office Work
- 2 Transportation / Outings
- 3 Friendly Visiting
- 4 Light Housekeeping / House Repair
- 5 Meal Preparation
- 6 Respite Care
- 7 Shopping
- 8 Telephone Assistance
- 9 Other

Care Receiver	Service Provided	Total Hours	Date of Service	Miles Driven

