

Retired and Senior Volunteer Program
VOLUNTEER SERVICE HOUR FORM



Month: _____

Station Site: _____ (Only ONE station site & volunteer per form. Please fill out separate forms for different volunteer sites.)

Retired Senior Volunteer Program of Muskegon & Oceana County (Form Due by 10th of the following month)						
Name	Day of the Week	Date	Time IN	Time OUT	Total Hours	Number of People/Students Served
Example: Betty Jones	Monday	12/9/2021	9:00 AM	11:00 AM	2.0	Helped 18 Clients
Comments or Questions:						PAGE TOTAL:
						TOTAL for MONTH:

STATION SUPERVISOR SIGNATURE REQUIRED – on each page or the form will NOT be accepted by the RSVP Office.

_____ **X** _____
Station Site Supervisor Name Printed *Station Site Supervisor Signature* *Supervisor Title* *Date Signed*

RSVP Office Use Only: _____
Lynn Keech, RSVP Program Manager *Date Verified* *Pub. Date February 2021*