SENIOR CORPS-RSVP
MONTHLY VOLUNTEER
STATION REPORT

Community Action, Inc.
Attn: Senior Corps-RSVP
105 Grace Way
Punxsutawney, PA 15767
(814) 938-3302

Volunteer Station _____

Station Supervisor _____

Month/Year _____

County _____

Station Use:
Meals and / or transportation provided to Senior Corps Volunteers (please indicate number of meals x your cost per meal; transportation x your daily cost, miles, etc.)

Signature of Volunteer (please use ink)	Activity Performed	Day of the month																															TOTALS		
		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 Hours	# of Meals	Days of Transportation

I agree that all in-kind donations reported are from non-federal sources unless authorized by law.

Signature of Station Supervisor

Signature of Senior Corps Staff

Page Total

Monthly Total

community Action PARTNERSHIP
Helping People. Changing Lives.
Community Action, Inc.
(Serving Clarion and Jefferson Counties)

Revised 01-10-12

PLEASE SEE OTHER SIDE FOR INSTRUCTIONS
PLEASE RETURN THIS FORM BY THE 5TH DAY OF THE FOLLOWING MONTH