# KING COUNTY RETIRED & SENIOR VOLUNTEER PROGRAM

…a program of Solid Ground

**VOLUNTEER TIME SHEET FOR:** MONTH _____ YEAR_____

*Due in the RSVP office BY THE FIFTH DAY (5th) of each month.*

Name of Volunteer: _____ Agency: _____

Location where service is performed: _____

*Please Note: Maintaining continued eligibility for insurance coverage depends on regular monthly reporting by the 5th of each month.*

| Date | Activities *(Do Not Leave Blank)* | Number of Hours |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | **TOTAL** | |

Volunteer's Signature: _____

Volunteer's Address: _____City & Zip: _____

Agency Volunteer Supervisor Signature: _____

RSVP Program Coordinator Signature: _____

ADDRESS 1501 N 45th Street, Seattle, WA 98103-6708 PHONE 206.694.6785
FAX 206. 694.6777 WEB solid-ground.org/GetInvolved/Volunteer/RSVP