



Month/Year _____



VOLUNTEER HOURS REPORTING FORM

**PLEASE RETURN TO:
RSVP/VC, 6 Court Street, Rutland, VT 05701
(802)775-8220 FAX (802)775-8221**

PLEASE PRINT

Organization Name: _____

Address: _____

Supervisor of Volunteers: _____ **Phone #** _____

VOLUNTEER NAME	HRS. THIS MONTH	VOLUNTEER'S JOB
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Signature of Volunteer Supervisor* _____

* This is required for Federal Compliance Regulations: Thank you for your cooperation.