



Name (please print):_____

Department on Aging - RSVP

Sedgwick County... working for you

2622 W Central #500 Wichita, KS 67203 316-660-5134 – Voice 316-660-1936 – Fax Lona.Kelly@sedgwick.gov

Email:

VOLUNTEER TIMESHEET

Please Submit by the 7th of each month.

Address	S:			Phone #	Phone #:		
Date	Hours	Miles (round- trip)	Volunteer	Activity	Agency or Volunteer Site	# of People Served	
Page 2 Total							
-		I attes	st that the information red	orded above is true a	nd accurate.		
Total Ho	urs		=				
Total Pe	ople Serv	red .	=				
Total Dri	ven Miles	3	=				
Voluntee	r Signatur	e:			Date:	· · · · · · · · · · · · · · · · · · ·	
RSVP Staff Signature:					Date:		

Date	Hours	Miles (round- trip)	Volunteer Activity	Agency or Volunteer Site	# of People Served
Page 2 Total					
Iotal			Please carry totals to the front nage		