

# Retired & Senior Volunteer Program Manatee County



## VOLUNTEER PROGRAM HOURS REPORT

Month/Year of Report: \_\_\_\_\_/\_\_\_\_\_ Today's Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Florida Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*Please list each volunteer once and provide the total hours for the month\*\***

Volunteer Name (First and Last)	Volunteer Position Title	Total Hours

*To process claims for the purposes of Accident, Personal Liability, Excess Automobile Liability Insurance and legal representation, the carrier must be assured the volunteer was serving at the time that any accident claim is filed. This monthly timesheet must be filed every month to document this and for you to receive credit for your volunteer service.*

**RSVP Manatee Partner Agency Representative:**

X \_\_\_\_\_  
**Printed Name**

X \_\_\_\_\_  
**Signature**