

RSVP+ CENTRAL ND
 1223 S 12th ST STE 4
 Bismarck ND 58504

701-258-5436
 701-258-6771 FAX

VOLUNTEER SELF-REPORTING SERVICE HOURS

(please return this form at the end of each month to the address listed at left)

volunteer's printed name: _____ month _____ year _____

DAY	NUMBER OF HOURS SERVED	NAME OF HOST STATION (organization where you volunteer)	TYPE OF VOLUNTEER WORK YOU DO (tutor, mailing, nurse, mentor, register, deliver, etc.)
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COMMENTS, QUESTIONS, CONCERNS: