



VOLUNTEER TIME SHEET

RETIRED & SENIOR VOLUNTEER PROGRAM
(Sponsored By Senior Services Associates)

Please return this form MONTHLY, by the 10th of the following month to:
 Volunteer Coordinator - Senior Services Associates., 3519 N. Richmond Rd., McHenry, IL 60050
 Phone: (815) 344-3555 Fax: (815) 344-3593
 Email: ddantiz@seniorservicesassoc.org

Volunteer Name: _____

Volunteer Site or Station: _____ Month: _____

Signature of Site Coordinator: _____

Date Worked	Hours Worked	Meals	Dial-A-Ride	Car Mileage	Volunteer Assignment
TOTALS					

Reimbursement Requested for Above Expenses NO YES

RSVP Members, those volunteers ages 55 and over requesting reimbursement, must work a minimum of 3 (three) hours on the same day of requested reimbursement.