



# Volunteer Hours

Name of Volunteer: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

FHVC/RSVP	
Staff Initials	_____
Recorded on	_____

Volunteer Station	Volunteer Job	Hours
How many medical transportation rides did you provide this month?	# of rides _____	
How many older adults did you call to check on their welfare?	# of adults called _____	
How many individuals did you deliver a meal to from the Manhattan Senior Center?	# of individuals _____	Hours provided from Senior Center