

**RETIRED AND SENIOR VOLUNTEER PROGRAM
COMMUNITY SERVICE ACTIVITIES TIME SHEET**

VOLUNTEER NAME: _____

ACTIVITY PERIOD: from _____ to _____

INSTRUCTIONS

Check the boxes below that represent the categories in which you contributed hours of service during this reporting period:

	CHURCH	Service projects that help the community at large
	CIVIC	Nonprofit organizational projects
	COVID EDUCATION	Sharing information about symptoms, quarantine regulations, vaccines
	DISASTER	Preparedness or relief efforts before, during and after disasters.
	FUND RAISING	For any nonprofit agency (Easter Seals, St. Jude's Children's Home, cancer research, etc.)
	EDUCATION	Tutoring or mentoring adults or children
	HEALTH	Blood pressure checks, nursing homes, etc.
	MEALS	Taking food to a shut-in, neighbor, or anyone not able to cook for themselves.
	TRANSPORTATION	Taking seniors shopping, to the doctor or pay bills.
	TELEPHONE	Calling shut-ins or those living alone.
	YOUTH WORK	Anything related to youth programs except tutoring

Community Service that **CANNOT** be counted by RSVP are:

- ❖ Sunday School and Church attendance
- ❖ Caring for a family member
- ❖ Participating in any political activity, such as state or federal committees or boards, or political campaigns.
- ❖ Activities for which you receive financial reimbursement.

TOTAL COMMUNITY SERVICE HOURS FOR THIS PERIOD: