

**RETIRED SENIOR VOLUNTEER PROGRAM
COMMUNITY SERVICE ACTIVITIES**

VOLUNTEER NAME: _____

VOLUNTEER ACTIVITY PERIOD: from _____ to _____

INSTRUCTIONS

Look below for assistance in identifying appropriate activities, then check the lines representing 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. |
| _____ FUND RAISING | Red Cross, United Way, Cancer, Easter Seals, etc. |
| _____ EDUCATION | Tutoring/Mentoring (adult or child). |
| _____ HEALTH | Blood pressure checks, nursing homes, home care, etc. |
| _____ MEALS | Carrying food to a shut in, neighbor, anyone not able to cook for themselves. |
| _____ TRANSPORTATION | Taking a senior shopping, to the doctor, pay bills. |
| _____ TELEPHONE | Calling shut ins (other than Tele-Chek). |
| _____ YOUTH WORK | All volunteer work related to youth programs. |

Community Service that **CANNOT** be accredited to 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.

Record the total hours of all appropriate community service activities for the period of time reported in the **TOTAL** box below. *These are any activities for which you do not receive financial reimbursement.*

TOTAL COMMUNITY SERVICE HOURS FOR THIS PERIOD:

Return your completed Community Service Activities form to:
RSVP, 800 Forrest Ave., Room 219, Gadsden, AL 35901