



AmeriCorps Seniors

AGENCY Hour Report

Volunteer Station: _____

Month and Year: _____

Volunteer Sign-in/Name <i>Please Print</i>	INSTRUCTIONS: Either the volunteer signs in once a month, or agency lists the volunteer names once a month, then records the dates/hours served in the spaces next to their name.											
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I verify the hours of service reported were provided to our agency. Volunteer Supervisor Signature: _____
RSVP Staff Signature: _____

INSTRUCTION TO AGENCY: Please send completed report to RSVP at the end of each month.
Fax: 309-662-4506
Email: rsvp@ywcamclean.org
Mail: YWCA RSVP, 1201 N. Hershey Rd., Bloomington, IL 61704