



**Volunteer Center/RSVP Monthly Volunteer Hours Form**

Volunteer Station \_\_\_\_\_  
 Volunteer Supervisor/Coordinator \_\_\_\_\_  
 Month: \_\_\_\_\_ Year \_\_\_\_\_

Volunteer Center of Racine County, Inc.  
 6216 Washington Ave., Suite G  
 Racine, WI 53406  
 Phone: 262-886-9612  
 Fax: 262-886-9632  
 Email: bda-  
 vis@volunteercenterofracine.org

Please verify, and mail or fax this form to us monthly. Thank you for your cooperation.

Please indicate if you are an RSVP member	RSVP Member													
1. Name:		Date												Total
Job Title:		Hours												
2. Name:		Date												Total
Job Title:		Hours												
3. Name:		Date												Total
Job Title:		Hours												
4. Name:		Date												Total
Job Title:		Hours												
5. Name:		Date												Total
Job Title:		Hours												
6. Name:		Date												Total
Job Title:		Hours												
7. Name:		Date												Total
Job Title:		Hours												
8. Name:		Date												Total
Job Title:		Hours												
9. Name:		Date												Total
Job Title:		Hours												
10. Name:		Date												Total
Job Title:		Hours												

Volunteer Supervisor/Coordinator (signature) \_\_\_\_\_