Retired and Senior Volunteer Program
A Program of Catholic Charities Diocese of Arlington
200 North Glebe Road, Suite 506
Arlington, VA 22203

…Fold Here_____Fold Here…

Please complete and return monthly
(Alternatively, FAX to 703-841-3840 or E-MAIL to rsvp@ccda.net
or Call 703-841-3831)

Name of Work Station	Hours	If needed, partial reimbursement (up to $20/month) may be paid for commuting expense. A station supervisor's signature is required for reimbursement. Please indicate: Auto:_____miles (total for month) Bus/Metrorail: $_____ *Taxi: $_____ *Parking: $_____
		*Taxi & Parking reimbursements require receipts.
		Office use only -

Please use the reverse of the form to tell us of volunteer service anecdotes & trip or program improvement suggestions!

Signature of Volunteer _____

Signature of Work Station Supervisor _____
(Needed only when reimbursement is requested.)

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Monthly Detail

As a convenience, you may use this form to jot down your daily record in the appropriate square. Monthly hours at each workstation should then be summarized and recorded above by name of workstation.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

11/08 Rev.