

# RSVP

Place  
Stamp  
Here

## Lead With Experience

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

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Please complete and return monthly  
(Alternatively, fax to 703-841-3840, e-mail to [rsvp@ccda.net](mailto:rsvp@ccda.net), or call 703-841-3831)

**Timesheet for the Month of \_\_\_\_\_ 201\_\_** (One sheet per month per person)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

Name of Volunteer Station	Hours	<b>Reimbursements:</b> Maximum of \$20/month may be reimbursed for commuting expenses. A station supervisor's signature is <u>required</u> .  Auto: _____ miles (total for month) Bus/Metrorail: \$ _____ *Taxi: \$ _____ *Parking: \$ _____ *Taxi & Parking reimbursements require receipts.	
<b>Total Hours for Month:</b>			--Office use only-- TOTAL DUE:

*Timesheets are due to RSVP by the 6<sup>th</sup> of the month. Reimbursements are processed quarterly (Jan/Apr/July/Oct)  
On the reverse side of this form, please share volunteer service anecdotes and trip/program suggestions!*

**Signature of Volunteer:** \_\_\_\_\_

**Signature of Station Supervisor:** \_\_\_\_\_

(Necessary when reimbursement is requested.)

### Monthly Detail

Please consider using the form below to record your volunteer hours.  
Please provide monthly totals per volunteer station above.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday