Columbia County Retired & Senior Volunteer Program

You must be 55 or older & registered at the RSVP office to complete this form. Please return to the RSVP office by the 30th of each month to be eligible for insurance coverage and reimbursement to you.

NAME______ Month_____

VOLUNTEER STATION _____ ASSIGNMENT _____

JOB DUTIES	HOURS	MILEAGE
	JOB DUTIES	JOB DUTIES HOURS H

Do you need to be reimbursed for your m	nileage to	
And from your station? (If requesting mileage reimbursement, I certify that I poliability insurance in the minimum amount as required travel.)		
VOLUNTEER SIGNATURE	STATION SUPERV	ISOR