# Volunteer Monthly Time Sheet

**R**etired & **S**enior **V**olunteer **P**rogram

**C.E.F.S. Economic Opportunity Corporation**

**Mail to: Clay County C.E.F.S. Outreach Office, 835 West North Ave. Flora IL 62839**

**Attn: R.S.V.P. Coordinator 217-342-2193 ext. 135** ***by the 10th of each following month***

**Month**_____

**Volunteer's Name:**_____

**Coordinator's Signature:**_____

**Days of the Month**

| Volunteer Activity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
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**Total**