RSVP Polk
Volunteer Time Sheet

Month_____2015

RSVP Polk & Board of County Commissioners

Date Stamp (Office use only)

Volunteer Name: _____

Assignment Description: Education/Reading

Date	School Name	Teacher Name	Grade	Number of Students Present	Total Hours

Please Mail, E-mail or Fax your hours to:
Elsamigone@polk-county.net * 863-534-5249 * or fax them 863-534-5356