MONTH/YEAR: _____

Volunteers Name: _____ **Date:** _____
Volunteers Address: _____ **Phone:** _____

Volunteer Station	Date	Hours Served	Comments
TOTALS			

Volunteer Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

CAMDEN COUNTY SENIOR CORPS/RSVP
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Pennsauken, New Jersey, 08109-4212
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