

LINCOLN AREA AGENCY ON AGING
RSVP QUARTERLY CALENDAR
1005 "O" St., Lincoln, NE 68508-3628, 402-441-7026

Name _____

Address _____

Volunteer Station(s) _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

--	--	--	--	--	--	--

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Supervisor's Signature

Volunteer's Signature

_____ Total Hours Volunteered This Quarter at _____ **JOB** _____

_____ Total Hours Volunteered This Quarter at _____ **JOB** _____

_____ Total Hours Volunteered This Quarter at _____ **JOB** _____

_____ Total Hours Volunteered This Quarter at _____ **JOB** _____

_____ Total Hours Volunteered This Quarter at _____ **JOB** _____

_____ **Grand Total Hours Volunteered This Quarter**

Fill Out If You Wish Reimbursement

_____ **Number of miles driven to and from the volunteer station(s)** _____

(Reimbursed @ \$.30 per mile; \$120 maximum per quarter)

_____ **Number of bus fares to and from the volunteer station(s)**
(Fare @ \$.60 for senior, \$1.00 other, Bus pass \$30.00 per month)
_____ **Number of LAAA Van fares @ \$1.00 each**

Driver's License Number _____