

COMMUNITY ACTION OF SOUTHERN KENTUCKY

AmeriCorps Seniors- RSVP

Letter of Agreement for In-Home Assignment

(Client Name) (Address)

The following services have been approved by the volunteer station staff and will be performed by an AmeriCorps Seniors volunteer: _____

The Volunteer Station Supervisor for this assignment is: _____

The AmeriCorps Seniors volunteer will serve: _____

(Days of the Week)

From _____ to _____
(Approximate Service Schedule)

Volunteer services may be terminated by the sponsor at any time upon request of any of the undersigned parties.

Signed: _____

RSVP-Sponsor Representative Date

Volunteer Station Representative Date

Person Served [Client] or Legally Responsible Person Date

AmeriCorps Senior Volunteer Date