

Volunteer Care Program Form

Program Information

1. The program is set up for our Hub Coordinators to thank and encourage their volunteers.
2. The program can also be used as a way to share the ministry of Righteous Rides with prospective volunteers.
3. We want to encourage our hubs to utilize this program at least once per year.
4. Yearly allowance is \$250.
5. Complete and submit the Volunteer Care Program form below so we can record your event/activity.
6. Print the Expense Report on this page to request reimbursement.
7. Your reimbursement request, along with receipts, should be sent to:
Righteous Rides 1440 E Veterans Memorial Pkwy., Truesdale, MO 63380
Att: Accounting Mgr.
8. Let us know how your event went! Take pictures and send information to tina@righteousrides.org

Form

Hub location _____

Hub Coordinator (name) _____

What will you be doing to thank and encourage volunteers/prospective volunteers?

Is there a date for your event/activity? _____ If so, the date is _____

Scan and email this form to tina@righteousrides.org