



## Spokane County Head Start /ECEAP/EHS IN-KIND RECORD—Community Volunteer

Month/year: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Specify service performed: \_\_\_\_\_

Check all that apply:  First time  Former parent  Community  Student from: \_\_\_\_\_

Volunteer's name (please print): \_\_\_\_\_

Volunteer's signature: \_\_\_\_\_

DATE	# HOURS	DATE	# HOURS	DATE	# HOURS	DATE	# HOURS	DATE	# HOURS	
1		7		13		19		25		
2		8		14		20		26		
3		9		15		21		27		
4		10		16		22		28		
5		11		17		23		29		
6		12		18		24		30		
<b>Round daily hours to nearest 1/4 hour</b>									31	
15 mins. = .25			30 mins. = .5			45 mins. = .75			<b>TOTAL HOURS</b>	

### IN-KIND RECORD—Community Volunteer

1. Use this form to track the number of hours community members, other agency personnel, or students volunteer for the program. **(Note: Parent volunteer hours are documented on a different form.)**
2. You may use one form for the entire month. Be sure to complete all information.
3. Check the box if the person is a first-time volunteer for the current program year or a former parent.
4. Check whether the volunteer is a student or from the community in general.
5. Specify the type of service performed.
6. Use one form per volunteer.
7. Original signatures are required; photocopies are not acceptable.
8. Initial the form before submitting it to your supervisor.