**Spokane Head Start /ECEAP/EHS**

**IN-KIND RECORD—Individual Parent Volunteer Time**

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| Month/year |       | Component |       |
| Center/Room# |       | Service performed |       |
| First Time Volunteering? [ ]  Yes [ ]  No  |
|  |
| Have parents who volunteer in the classroom sign the bottom of the form and record the number of hours they volunteer each day: 5 mins = .08, 15 mins. = .25; 30 mins. = .50; and 45 mins. = .75. |
|  |
| **DATE** | **NUMBER OF HOURS** |  | **DATE** | **NUMBER OF HOURS** |
|       |       |  |       |       |
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| **TOTAL HOURS** |       |  | **TOTAL HOURS** |       |
| **Please total each sheet.** Be sure that each slip has appropriate signatures (staff and parent) *AND* accurate totals. **Submit In-Kind records to your office assistant by the 1st of each month.**  |
| I verify that the information submitted is correct and accurate. I understand this form MUST be signed for the In-Kind to be counted. |
| Parent’s Printed Name |       |
| Parent Signature |       |
| Staff Signature |       |
|  |
| **IN-KIND RECORD—Parent Volunteer Hours** |
| 1. Use this form to document the number of hours that parents spend volunteering for the program.
2. Be sure to complete all information. Specify the service performed by parent (i.e. **education is the component and classroom aide is the service**).
3. Because different activities have different dollar values, use one form for each type of volunteer service.
4. Record the date and the number of hours and get the parent to **print AND sign** at the bottom of the form.
5. Original signatures are required; photocopies are not acceptable. This form MUST be signed for the In-Kind to be counted.
6. **Total the number of hours** at the bottom of the form – total each page separately.
7. Make sure a **staff signature** is on the bottom of the page.
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