**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 | | | | | | | | | | |
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| 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. | | | | | | | | | | |
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| **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 | | | |  | | | | | | |
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| **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. | | | | | | | | | | |