

Spokane Head Start /ECEAP/EHS IN-KIND RECORD—Individual Parent Volunteer Time

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
TOTAL HOURS	

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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.