

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



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 _____

| DAY | HOURS | DAY | HOURS | DAY | HOURS | DAY | HOURS | DAY | 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 | |
| | | | | | | | | 31 | |
| | | | | | | | | | TOTAL HOURS |

Round daily hours to nearest 1/4 hour
 15 mins. = .25 30 mins. = .5 45 mins. = .75

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.