

SEQUATCHIE VALLEY HEAD START IN-KIND REPORT

Center / Office Site: _____ Class: A B C D ALL (Circle 1)

Name: _____
 Address: _____
 City _____ State: _____
 Phone # _____ Zip: _____

Check One	
_____	Parent
_____	Former Parent
_____	Other _____

Service or Occupation Provided: _____ Rate: _____

_____ Administration _____ Disability <small>I.e.: speech, IEP Mtg, etc</small> _____ Education <small>I.e.: classrm vol., home projects , etc</small> _____ Prt Involvmt <small>I.e.: prt mtgs, conferences, field trips etc</small> _____ Transportation	_____ Health <small>I.e.: screenings, hlth activities, etc</small> _____ Dental <small>I.e.: screenings, exams, etc</small> _____ Nutrition <small>I.e.: nutrition activities, SPIFFY, etc</small> _____ Other <small>I.e.: maintenance, repairs, etc</small>
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This form is designed to be used for several days. It can also be used to record donations of materials and etc. In recording donations, please be sure to state the item(s) donated, how many, and the total value. Always be sure to include the date, time in, time out, the number of hours per activity or event, the volunteer's signature, and the staff's signature or initials. Distribution: ORIGINAL - HSO COPY - Center File

Date: ____/____/____		Time In: _____		Time Out: _____	
Description of In - Kind Services:	Total Time	Donation & Qty or In - Kind Services	Time/Value		
_____	_____	_____	_____		
_____	_____	_____	_____		
X		X			
Volunteer Signature	Total Hours	Staff Signature or Initials	Date		
Date: ____/____/____		Time In: _____		Time Out: _____	
Description of In - Kind Services:	Total Time	Donation & Qty or In - Kind Services	Time/Value		
_____	_____	_____	_____		
_____	_____	_____	_____		
X		X			
Volunteer Signature	Total Hours	Staff Signature or Initials	Date		
Date: ____/____/____		Time In: _____		Time Out: _____	
Description of In - Kind Services:	Total Time	Donation & Qty or In - Kind Services	Time/Value		
_____	_____	_____	_____		
_____	_____	_____	_____		
X		X			
Volunteer Signature	Total Hours	Staff Signature or Initials	Date		
Date: ____/____/____		Time In: _____		Time Out: _____	
Description of In - Kind Services:	Total Time	Donation & Qty or In - Kind Services	Time/Value		
_____	_____	_____	_____		
_____	_____	_____	_____		
X		X			
Volunteer Signature	Total Hours	Staff Signature or Initials	Date		

Total Hours this Sheet: _____ **Total Dollar Value:** \$ _____

 Staff Signature