

**Check one:**

- Agency/Business
- Current H.S. Parent/Guardian
- Former H.S. Parent/Guardian
- Non-Parent
- Sibling to enrolled H.S. child (14+ years old)

East Missouri Action Agency, Inc.  
A Community Action Agency  
"An Equal Opportunity/Affirmative Action Employer"

Revised 1/20

**HEAD START IN-KIND**

*Activities/donations that are integral and necessary to program*

**Volunteer/Donor/Organization Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Print clearly. (DOB: so as not to confuse with another volunteer; not needed for organization)*

**Enrolled child(ren) volunteer associated with (if app.):** \_\_\_\_\_ **Father/Father Figure? Y N**

**Week of:** \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ 20\_\_\_\_

**Center:**  Bollinger  Cape Girardeau  Farmington II  Madison  Perry  Washington  
 Bonne Terre  Farmington I  Iron  Mid St. Francois  Ste. Genevieve

DAY:	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
<b>*TIME</b> (see below)	# of hours							
<b>**Parent/Volunteer participation</b> (see below)								
<input type="checkbox"/> <b>**Helps with a classroom activity</b>								
Kitchen								
Home visit (made in home) <input type="checkbox"/> Education (ED) <input type="checkbox"/> Social service (SS)								
Meetings: parent, HSAC, Policy Council, interviews								
Parenting Education Workshop								
F/FF Relate Activity								
<b>*Time:</b> .25 = 15 minutes; .50 = 1/2 hour; .75 = 45 minutes; 1 = 1 hour <b>**Parent/volunteer participation:</b> Participates, but does not actually help with a classroom activity, such as assists at mealtime or on a field trip, or helps own child adjust to day.								

SPACE – Reason:	# of hours		# of hours		# of hours		# of hours		# of hours		# of hours		# of hours		TOTAL
Rate: \$ _____/hr.															
OTHER-Explain below	Rate	Hrs.	Rate	Hrs.	Rate	Hrs.	Rate	Hrs.	Rate	Hrs.	Rate	Hrs.	Rate	Hrs.	TOTAL
Hours/Special Rate															
AUTOMOBILE	# of miles		# of miles		# of miles		# of miles		# of miles		# of miles		# of miles		TOTAL
Mileage															
MATERIALS															
Date	Quantity	Description: Anything Head Start would use federal funds to purchase.												Value	

**Explanation/Comments:**

  
  
  

Date entered \_\_\_\_\_  
Data entry initials \_\_\_\_\_

I certify I have provided the above services and/or donations to EMAA Head Start. I understand this is a legal, financial document.

\_\_\_\_\_  
Signature of Volunteer/Donor/Organization Rep Date \_\_\_\_\_  
I verify the above is allowable/reasonable. I understand this is a legal, financial document.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Site Manager Review \_\_\_\_\_ C.O. Review \_\_\_\_\_