

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)



Rev 3/24

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
*TIME (see below)	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	# of hours	
**Parent/Volunteer participation (see below)								
<input type="checkbox"/> **Helps with a classroom activity Kitchen								
Home visit (made in home) ___ Education (ED) ___ Social service (SS)								
Meetings: parent, HSAC, Policy Council, interviews Parenting Education Workshop F/FF Relate Activity								
*Time: .25 = 15 minutes; .50 = 1/2 hour; .75 = 45 minutes; 1 = 1 hour **Parent/volunteer participation: 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 _____