

Individual Volunteer In-Kind Form

Month/Year _____

Child's Name _____

Center: _____

Location: _____
(i.e. classroom, kitchen, joint governance Mtg., interviews)

Volunteer/Agency Address: _____

Phone: _____

Circle One: Parent/Guardian Community Volunteer Agency/Business Sibling/Other

Circle One: Head Start Early Head Start / AM Group PM Group All Day

Date	Time In	Time Out	Description of Services or Goods donated (<i>required</i>)	Vol. Hours	Space Hours	Quantity Donated	\$ Value Donated	Total Value
Total Vol. Hours				#	#	Total Value		\$

Volunteer: _____
Please Print Name
Signature
Date

Volunteer: _____
Please Print Name
Signature
Date

<i>~~~~~For program office use only~~~~~</i>				
Volunteer Rate \$ _____	Total # Vol. hrs.	#	\$	
Space Rate \$ _____	Total # Space hrs.	#	\$	
Other In-Kind -Sub-Total Goods & Services Donated				\$
Personnel -Sub-Total Volunteer/Space Hours				\$
Grand total {Goods/Space/ Vol Hrs.}				\$

Staff: _____
Please Print name
Signature
Date

Staff: _____
Technical Support/Admin. Asst.
Signature
Date

In most instances the value of items donated to Head Start is tax deductible. Head Start confirms that no goods or services were provided to you in consideration for the contribution. **Retain a copy of this for your tax records.**