

# CENTRAL KY HEAD START

## Classroom Volunteers

Week of: \_\_\_\_\_

Classroom: \_\_\_\_\_ Teacher: \_\_\_\_\_

	Volunteer Printed Name	Volunteer Signature	P	N P	Time	Monday	Time	Tuesday	Time	Wednesday	Time	Thursday	Total Hours
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													

P = Parent / Guardian NP= Non-parent Time= 15 minute increments: 15 minutes = .25, 30 minutes = .50, and 45 minutes = .75  
 Please note that parents/guardians dropping off children or attending a parent committee meeting do not sign this form, only those who volunteer in the classroom.  
 Please give one or two words describing the activity of the volunteer. Anyone volunteering on a Friday should complete a Volunteer Service Record for their time.

Teacher/Assistant Signature: \_\_\_\_\_