CENTRAL KY HEAD START

Volunteer Service Record

Name of Volunteer: _____

Head Start Center/Classroom: _____

Agency or Organization (if applicable): _____

Total hours donated: _____ Hourly rate: _____ Total value: $_____ (Please note that time is counted in 15 minute increments: 15 minutes = .25, 30 minutes = .50, and 45 minutes = .75)

Please check type of service: Professional _____ Non-Professional _____

_____ _____ _____ _____

Signature of Volunteer | Date | Signature of Head Start Employee | Date

Date	Hours / Time	Service Donated

Agency Use Only

Contributor	Agency or Business ☐	Parent/ Guardian ☐	Former Parent /Guardian ☐	Non-Parent ☐	
Service Area	Administration ☐	Dental ☐	Disability ☐	Education ☐	Family ☐
	Health ☐	Immunizations ☐	Medical ☐	Mental Health ☐	Nutrition ☐
	Orientation ☐	Other ☐	Parent Involvement ☐	Social Service ☐	Transportation ☐
Service type	Materials ☐	Space ☐	Time ☐	Other ☐	Miles ☐
Total Hours	Hours		Rate		
Comments:					
Reviewed by Head Start:			Date entered:		
Fiscal Review and Approval:			Date:		

Revised 10/12