

SPCAA- Head Start In-kind Log

Date	Gender/Relationship	Child's Name/Volunteer Name Signature	Volunteer Phone Address	Activity Performed	Activity Location	Hours Donated
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Name	Address		<input type="checkbox"/> In Classroom <input type="checkbox"/> On Field Trip <input type="checkbox"/> Family Activity Days <input type="checkbox"/> In Office <input type="checkbox"/> In Kitchen <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Community Member <input type="checkbox"/> Other _____	Parent's or Volunteers Name				
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Name	Address		<input type="checkbox"/> In Classroom <input type="checkbox"/> On Field Trip <input type="checkbox"/> Family Activity Days <input type="checkbox"/> In Office <input type="checkbox"/> In Kitchen <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Community Member <input type="checkbox"/> Other _____	Parent's or Volunteers Name				
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Name	Address		<input type="checkbox"/> In Classroom <input type="checkbox"/> On Field Trip <input type="checkbox"/> Family Activity Days <input type="checkbox"/> In Office <input type="checkbox"/> In Kitchen <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Community Member <input type="checkbox"/> Other _____	Parent's or Volunteers Name				
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Name	Address		<input type="checkbox"/> In Classroom <input type="checkbox"/> On Field Trip <input type="checkbox"/> Family Activity Days <input type="checkbox"/> In Office <input type="checkbox"/> In Kitchen <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Community Member <input type="checkbox"/> Other _____	Parent's or Volunteers Name				

Staff Signature: _____

Center: _____

Please print neatly!

SPCAA- Head Start

Volunteer Mileage

Center: _____

Date	Volunteer Name	Signature	Volunteer Phone Address	Begin Address	End Address
Reason for Travel:				Total Miles: <i>Office use only</i>	
Reason for Travel:				Total Miles: <i>Office use only</i>	
Reason for Travel:				Total Miles: <i>Office use only</i>	
Reason for Travel:				Total Miles: <i>Office use only</i>	
Reason for Travel:				Total Miles: <i>Office use only</i>	

Staff Signature: _____ Center: _____

Please print neatly!

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Donated Supplies

Center: _____

Date	Volunteer Name Signature	Volunteer Phone Address	Supplies Donated	Value
	Print Name Signature	Address Phone		
	Print Name Signature	Address Phone		
	Print Name Signature	Address Phone		
	Print Name Signature	Address Phone		
	Print Name Signature	Address Phone		
	Print Name Signature	Address Phone		

Staff Signature: _____ Center: _____

Please print neatly!

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Professional Services

Center:

Date	Volunteer Name Signature	Volunteer Phone Address	Description of Donated Service	Value <i>(Rate you would normally charge)</i>
	Print Name	Address		
	Signature	Phone		
	Print Name	Address		
	Signature	Phone		
	Print Name	Address		
	Signature	Phone		
	Print Name	Address		
	Signature	Phone		
	Print Name	Address		
	Signature	Phone		

Staff Signature: _____ Center: _____

Please print neatly!

Instructions for recording In-kind

All in-kind will be recorded in white in-kind logbooks.

Please direct parent volunteers, professional volunteers and other volunteers to complete the logbook. Entries into the logbook should be made by the person making the donation.

Volunteer: Use this form for regular volunteers who are donating time in the center/classroom.

Supplies: Use this form to record supplies donated to the classroom

Mileage: Use this form to record volunteer mileage in personal vehicles

Professional Services: Use this form to record any services donated by individuals providing a service that is within a volunteer's trained profession. Examples include therapists or nutritionists.

Before turning in any in-kind forms, a member of staff should sign the form to indicate that the donations have occurred.

All original forms with in-kind entries should be sent to Family and Community Partnerships Team on a regular basis. A copy should be retained and placed in the center in-kind log book. Forms may be sent via interoffice mail or returned to FCP by other means. All sheets should be signed before they are sent in. It is important that in-kind forms are sent in a timely manner, as budget reports are affected by these entries.

Calculations for time and mileage will be completed when the forms are received by the office.

Please print neatly!

Welcome to Our Center

Thank you for the services you are providing today. Volunteers like you make a great difference in the lives of Head Start and Early Head Start children.

Please find the tab that best describes the services you are donating.

Volunteer: for time spent volunteering in the center/classroom

Supplies: for donations of classroom supplies

Mileage: to record mileage traveled in personal vehicles to directly benefit Head Start or Early Head Start

Professional

Services: for time spent performing a professional service (ex. Speech therapy, Nutrition)

Please print neatly!