



Head Start

Volunteer In-Kind Hours

Center: _____

Teacher: _____

Total Number of Volunteers: _____

Total Classroom In-Kind Hours: _____

Total Family Project Hours: _____

Total combined Hours: _____

You **MUST** sign below verifying you have reviewed and agreed upon the above total hours. Supporting documents must be included.

Teacher Signature: _____

Family Advocate Signature: _____

Office Staff Signature: _____

It is the responsibility of everyone signing this form to ensure accuracy of all data and information therefore, totals submitted on this form **MUST** match supporting documents verifying correctness.