

# ICS HEAD START VOLUNTEER TIME REPORT

NON-FEDERAL MATCHING SHARE

CENTRAL OFFICE \_\_\_\_\_ or CENTER (to receive credit): \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

REGULAR \_\_\_\_\_ or PROFESSIONAL \_\_\_\_\_

*\*VOLUNTEERS: This form is used to calculate volunteer work value. If giving **professional time**, please include preparation time, etc.*

WEEK DAY	DATE	TIME IN	TIME OUT	NO. OF HOURS WORKED	SPECIFIC WORK PERFORMED (Ex: Assisted in classrooms. Clerical work. Janitor. Prepared snacks. Educated children about firefighting, etc.)
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

TOTAL HOURS: \_\_\_\_\_ SERVICES VALUED @ \$ \_\_\_\_\_ PER HOUR  
Round off total hours to the half hour.

*Our guidelines allow the hourly wage benefit of \$23.00, unless you are working in your current job role or performing work in which you are professionally trained. The ICS Volunteer Time Valuation Instrument may be used for professionals.*

Volunteer's Regular Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Head Start Parent \_\_\_\_\_ Former Head Start Parent \_\_\_\_\_ Regular Volunteer \_\_\_\_\_ New Volunteer \_\_\_\_\_

Remarks \_\_\_\_\_

VOLUNTEER'S *PRINTED NAME* \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_

*I certify that the information reported above is correct to the best of my knowledge.*

**"REMEMBER, YOU ARE PRICELESS TO HEAD START." "VOLUNTEERING - A Wise Investment in Yourself & Your Community"**

~~ STAFF WILL COMPLETE ITEMS BELOW THIS LINE ~~

TOTAL HOURS \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Arranged by \_\_\_\_\_ AUTHORIZED APPROVAL \_\_\_\_\_

*I certify that the information reported above is correct to the best of my knowledge.*

Send form with original information and signatures to Parent Engagement Office.

Revised LS 6/2023