

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