



Professional In-Kind Tracking Form (Head Start/Early Head Start)

Volunteer Information:

Last Name

First

Adult's ChildPlusID

(CPID of Parent/Guardian only not Child)

Living Address

City

State

Zip

Volunteer Description (mark with an x)

- Agency or Business
 Board Member
 Community Volunteer
 Former Parent/Guardian
 Non-Parent
 Parent/Guardian

Site

Classroom (ID) (example: 1.PA34-3.F)

Program (mark base on classroom)

- Head Start
 Early Head Start

Volunteer dates of donation for (Month & Year)

Date	Hours (F)	Hours (G)	Hours (H)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
Total			

Date	Hours (F)	Hours (G)	Hours (H)
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
Total			

Date	Hours (F)	Hours (G)	Hours (H)
23			
24			
25			
26			
27			
28			
29			
30			
31			
Total			
Use quarter hours only 1 hour = 1 45 min = .75 30 min = .5 15 min = .25			

Donated Services: On the calendar above, please note how much time you have donated on each day for the month. Professional Services and Donations must provide the information required on this form. The Fair Market Value is determined by the Area Manager.

Professional Services (45000)

Code	Activity	Hours	Fair Market Value (Hr.)
(F)	Presenters: Specialized Training (Provide Presenter Title and Agency) Title: _____ Agency: _____		\$_____/Hr.
(G)	Community Volunteers - Professional Services: Plumbing Electrician, Landscaping, Painter, etc. (Provide Description of Service) Service: _____		\$_____/Hr.

Governing Board (43000)

Code	Activity	Hours
(H)	Governing Board: Individual participates in the agency's Board of Directors	

Donations (42000)

Code	Activity	Fair Market Value (Total)
(I)	Donation—Items/Supplies (Provide Description and Quantity below) Items/Supplies: _____ Quantity: _____ (\$_____/each)	
(J)	Donation—Rental	

I _____ do hereby swear that the above information is true and correct to the best of my knowledge.
(Volunteer's Name Print)

Volunteer's signature

Center staff signature

Area Manager's initials

In-Kind Clerk only:

Date entered into Child Plus: ____/____/____

In-Kind Clerk Initials: _____