# SPCAA- Head Start In-kind Log

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Gender/Relationship | Child’s Name/Volunteer Name Signature | Volunteer Phone Address | Activity Performed | Activity Location | Hours Donated |
|  | * Male * Female | Child’s Name | Address |  | * In Classroom * On Field Trip * Family Activity Days * In Office * In Kitchen * Other   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| * Parent * Grandparent * Community Member * Other\_\_\_\_\_\_\_\_\_ | Parent’s or Volunteers Name  Parent’s Signature | Phone |
|  | * Male * Female | Child’s Name | Address |  | * In Classroom * On Field Trip * Family Activity Days * In Office * In Kitchen * Other   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| * Parent * Grandparent * Community Member * Other\_\_\_\_\_\_\_\_\_ | Parent’s or Volunteers Name  Parent’s Signature | Phone |
|  | * Male * Female | Child’s Name | Address |  | * In Classroom * On Field Trip * Family Activity Days * In Office * In Kitchen * Other   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| * Parent * Grandparent * Community Member * Other\_\_\_\_\_\_\_\_\_ | Parent’s or Volunteers Name  Parent’s Signature | Phone |
|  | * Male * Female | Child’s Name | Address |  | * In Classroom * On Field Trip * Family Activity Days * In Office * In Kitchen * Other   \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| * Parent * Grandparent * Community Member * Other\_\_\_\_\_\_\_\_\_ | Parent’s or Volunteers Name  Parent’s Signature | Phone |

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Center:

**SPCAA- Head Start Volunteer Mileage**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Volunteer | Name | Signature | Volunteer Phone Address | Begin Address | End Address |
|  |  | | |  |  |  |
| **Reason for Travel:** | | | | **Total Miles:** | *Office use only* |
|  |  | | |  |  |  |
| **Reason for Travel:** | | | | **Total Miles:** | *Office use only* |
|  |  | | |  |  |  |
| **Reason for Travel:** | | | | **Total Miles:** | *Office use only* |
|  |  | | |  |  |  |
| **Reason for Travel:** | | | | **Total Miles:** | *Office use only* |
|  |  | | |  |  |  |
| **Reason for Travel:** | | | | **Total Miles:** | *Office use only* |
|  |  | | |  |  |  |
| **Reason for Travel:** | | | | **Total Miles:** | *Office use only* |

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Center:

SPCAA- Head Start **Donated Supplies**

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

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Center:

**SPCAA- Head Start Professional Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Volunteer Name Signature | Volunteer Phone Address | Description of Donated Service | Value  *(Rate you would normally charge)* |
|  | **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 |
|  | **Print Name** | Address |  |  |
| **Signature** | Phone |

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **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. |

## 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) |