(circle one)

Jan '11 Apr'11
Feb '11 May'11
Mar'11

In-Kind Time Schedule for Program Volunteers

Volunteer Type: Parent Community Member Professional Other _____

***Record Time in 15 minute increments:** Example ¼ hour, ½ hour, ¾ hour, 1 hour , 1 ¼ hour…etc.

Mercer County Head Start

Date	Volunteer Activity	Volunteer Type Parent/Community	Starting Time	Break	Ending Time	*Total Time contributed (1/4 hour Increments)	Activity Description (classroom, field trip, maintenance)	Name
Example: 1/3/11	Teacher assistant	Parent	9:00	None	11:00	2	Classroom	Jane Doe

Submitted by: _____ **Date:** _____
Supervised/Approved by: _____ **Date:** _____

Head Start Act 640(b)
Performance Standards: 45 CFR 1304