Check one: Rev. 8/09

__Agency/Business/Community
__Current H.S. Parent/Guardian Enrolled Child(ren)_____
__Former H.S. Parent/Guardian
__Non-Parent (Relative) East Missouri Action Agency, Inc. Center_____
__Sibling to enrolled H.S. child A Community Action Agency Class A B C D E F
"An Equal Opportunity/Affirmative Action Employer"

DOB: ____/_____/_____
Circle: Male Female **HEAD START IN-KIND**
Circle: Father/Father Figure (to enrolled H.S. child)

Volunteer/Donor Name_____ Period_____/_____ to _____/_____/20____

DAY/DATE	**SAT ____**		**SUN ____**		**MON ____**		**TUE ____**		**WED ____**		**THUR ___**		**FRI ____**		**TOTAL**
TIME	IN/ OUT	# of hours	IN/ OUT	# of hours	IN/ OUT	# of hours	IN/ OUT	# of hours	IN/ OUT	# of hours	IN/ OUT	# of hours	IN/ OUT	# of hours	
Class Assistant															
Home Visit ED SS															
Kitchen															
Parent Meeting															
Policy Council Meeting															
TOTAL															
SPACE	Rate	Qty	Rate	Qty	Rate	Qty	Rate	Qty	Rate	Qty	Rate	Qty	Rate	Qty	
OTHER	Rate	Qty	Rate	Qty	Rate	Qty	Rate	Qty	Rate	Qty	Rate	Qty	Rate	Qty	
Hours/Special Rate															
AUTOMOBILE		Qty		Qty		Qty		Qty		Qty		Qty		Qty	**TOTAL**
Mileage															

MATERIALS

Date	Quantity	Description	Value

Explanation/Comments:

Date entered_____
Data entry initials_____

I certify I have provided the above services and/or donations to EMAA Head Start. I understand this is a legal, financial document.

Volunteer/Donor Signature Date

I verify the above is allowable/reasonable. I understand this is a legal, financial document.

Supervisor Signature_____ Date_____

Site Manager Review _____ C.O. Review _____