(Student Interns, Office Services, Kitchen Services)

Program: Head Start/Early Head Start Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date | Volunteer Signature | Time In | Time Out | Description of Services | Office Use |
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### Office Use

Total Hours\_\_\_\_\_\_\_\_\_\_\_\_

In-Kind Value\_\_\_\_\_\_\_\_\_\_\_

Total In-Kind $\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Staff Signature: By my signature above, I certify receipt of these volunteer services.

\*Volunteer Signature: By my signature above, I certify that I have served as a volunteer to this organization for the hours note above and was not compensated by this organization.