

# Volunteer In-kind Sign-in Sheet

## Community Action of Southeast Iowa Head Start/Early-Head Start

Site/Classroom: \_\_\_\_\_

Return form to Head Start  
Administrative Specialist

| Date | Print Name | Signature of Volunteer | Parent/Guardian/<br>Friend/Family/<br>Community<br>Volunteer | Classroom Visited | TIME IN | TIME OUT | Length of Visit | Activity (fieldtrip, lunch, reading, etc.) |
|------|------------|------------------------|--|-------------------|---------|----------|-----------------|--|
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| FOR OFFICE USE ONLY<br>Classroom: _____ | Center Aide: _____<br>Transportation: _____ | Librarian: _____<br>Other: _____ | Staff Initials: _____<br>CO Verifying: _____ |
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