Site/Classroom:_____
Staff Initials:_____
Month/Year:_____

Volunteer In-kind Sign-in Sheet
Community Action of Southeast Iowa
Head Start/Early-Head Start

Head Start Preschool & Early Head Start
Community Action of Southeast Iowa

Date	Name (Please Print)	Signature of Volunteer	Parent/Guardian, Friend/Family, Community Volunteer	Classroom Visited	Time IN	Time OUT	Activity/Reason (Ex: Field trip, lunch, reading)

9/25

Return form to Head Start Administrative Specialist

CO Verifying: _____