



ISD _____

Campus _____

Teacher _____

HEAD START / EARLY HEAD START VOLUNTEER FORM

Please fill out this form completely. Forms must have SIGNATURE of volunteer.

Volunteer Name: _____

Child's Name: _____

Address: _____
Street Address City State Zip Code

Home Phone #: _____ Work Phone #: _____

Volunteer Classification (Please check one):
 Head Start/Early Head Start Parent Head Start/Early Head Start Relative
 Community Volunteer School Member Student (Middle School or High School)

DATE: _____ DUTIES PERFORMED: <input type="checkbox"/> Policy Council <input type="checkbox"/> Classroom <input type="checkbox"/> Field Trip <input type="checkbox"/> Parent Meeting <input type="checkbox"/> Advisory Committee <input type="checkbox"/> Socialization <input type="checkbox"/> Home Visit <input type="checkbox"/> Other _____ Time in: _____ Time out: _____ Total hours: _____	DATE: _____ DUTIES PERFORMED: <input type="checkbox"/> Policy Council <input type="checkbox"/> Classroom <input type="checkbox"/> Field Trip <input type="checkbox"/> Parent Meeting <input type="checkbox"/> Advisory Committee <input type="checkbox"/> Socialization <input type="checkbox"/> Home Visit <input type="checkbox"/> Other _____ Time in: _____ Time out: _____ Total hours: _____	DATE: _____ DUTIES PERFORMED: <input type="checkbox"/> Policy Council <input type="checkbox"/> Classroom <input type="checkbox"/> Field Trip <input type="checkbox"/> Parent Meeting <input type="checkbox"/> Advisory Committee <input type="checkbox"/> Socialization <input type="checkbox"/> Home Visit <input type="checkbox"/> Other _____ Time in: _____ Time out: _____ Total hours: _____	DATE: _____ DUTIES PERFORMED: <input type="checkbox"/> Policy Council <input type="checkbox"/> Classroom <input type="checkbox"/> Field Trip <input type="checkbox"/> Parent Meeting <input type="checkbox"/> Advisory Committee <input type="checkbox"/> Socialization <input type="checkbox"/> Home Visit <input type="checkbox"/> Other _____ Time in: _____ Time out: _____ Total hours: _____
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Volunteer Signature _____ Date _____

THIS PORTION IS TO BE COMPLETED BY ESC STAFF ONLY (SITE FACILITATORS)

Total Hours: _____ Total Dollar Value: _____

ESC Staff Signature: _____ Date: _____