



BSACAP Head Start



Volunteer In-Kind Hours

CENTER: _____

CLASSROOM TEACHER: _____

TOTAL CLASSROOM IN-KIND HOURS: _____

TOTAL FAMILY PROJECTS HOURS: _____

TOTAL COMBINE OF HOURS: _____

You **MUST** sign below verifying you have reviewed and agree on the above totals.
Supporting documents must be included.

TEACHER SIGNATURE: _____ DATE: _____

FAMILY ADVOCATE SIGNATURE: _____ DATE: _____

It is the responsibility of teaching staff and Family Advocate to assure accuracy of all data and information therefore, totals submitted on this form **MUST** match documents verifying correctness.