

**CHILD/FAMILY SERVICES
NON-FEDERAL SHARE VOLUNTEER SERVICES**

Agency Name: _____ Center Name: _____

Teacher/Provider _____ Month/Year: _____
(if applicable):

Service Options (check one): ☐ Center Based ☐ Home Based (HB) ☐ FCCH

Date	Name (Print <u>and</u> Sign)	Starting Time	Ending Time	Total Hours* (see below)	Activity (indicate 1-5 from below)	5) Other Activity - Describe	** (see below)
	Print:						
	Sign:						
	Print:						
	Sign:						
	Print:						
	Sign:						
	Print:						
	Sign:						
	Print:						
	Sign:						
	Print:						
	Sign:						
	Print:						
	Sign:						
	Print:						
	Sign:						
	Print:						
	Sign:						
	Print:						
	Sign:						

Activities: 1) Class volunteer
2) Meal Service 4) Other - Describe
3) HB Visit

Grand Total Hours _____ x _____ = \$ _____ Total Value
(Volunteer Rate)

Signature – Agency Representative _____

* Round to the nearest quarter: 0-9 mins - .15 10-22 mins = .25 23-37 mins = .50 38-52 mins = .75 53-60 mins = 1.0

** P = Current Parent F = Former Parent S = Student Volunteer C = Community Volunteer O = Other