

# Non-Federal Share Volunteer Services

(Hot Sheet)

CF/F-1 Revised 1/07  
(mandatory)

This form is used to document parent volunteer services other than PC (Policy Council) meeting attendance/committee work. Other volunteers can also be documented on this form.

***Please note that this form is the documentation that supports the non-federal share that is required in order to continue receiving funding for the program. As such, it is very important that this form be completed thoroughly, accurately, and neatly.***

Specific volunteer activity options are listed on form, but not limited to such:

- Class Volunteer (e.g. working with children, assisting teacher with preparation, playground supervision, etc.)
- Meal Service (e.g. helping serve or clean-up breakfast or lunch, etc.)
- Home Base Visit (for home based option only)
- Parent Meeting/Social (regular parent meetings or socializations)
- Other – please describe activity

1. Complete a separate sheet for each classroom or home based unit.
2. The Agency Representative (whoever is responsible for the completion of this form) fills in the required information at the top of the form.
3. The Agency Representative reviews the form each day to ensure that each column is completed as per the following:
  - a. Date: enter date volunteer service was provided.
  - b. Name: ensure that volunteers print *and* sign each time when providing services.
  - c. Starting Time: ensure that volunteers indicate when they begin providing service.
  - d. Ending Time: ensure that volunteers indicate when they finish providing service.
  - e. Total hours: calculate and fill in total hours or if volunteer has completed, review that the hours are accurate. Hours should be rounded and recorded to the nearest quarter hour according to the guide provided at the bottom of the form.
  - f. Activity: ensure that volunteer enters a number from the activities listed at the bottom of the form. If “5) – Other-Describe” is selected, then ensure volunteer uses the following box to describe activity. Description of activity should be brief but descriptive enough for anyone to understand the activity that took place.
  - g. Indicate whether volunteers are: “P” Current Parent, “F” Former Parent, “S” Student Volunteer, or “C” Community Volunteer, or “O” Other. (This data is needed to prepare the PIR {Program Information Report} which is submitted to the Head Start Bureau).
4. At the end of the month, or once all lines of the form have been used, the Agency Representative is responsible for completing the bottom of the form:
  - a. Grand Total Hours: enter grand total of all hours on form, remember that hours should be rounded to the nearest quarter hour.
  - b. Volunteer Rate: this rate will be provided to you by your agency office. Be sure that the rate used is the most current, as this rate should be updated at least once per year by your agency office.
  - c. Total Value: multiply “Grand Total Hours” by “Volunteer Rate”.
  - d. Signature – Agency Representative: The authorized Agency Rep. **must** sign indicating that the form has been reviewed and completed to the best of his/her knowledge.
5. At the end of the month, submit originals to agency office to the person responsible for gathering and summarizing non-federal share.

Please note: The information on this form is used to prepare the monthly CHILD/FAMILY SERVICES NON-FEDERAL SHARE SUMMARY (CF/F-4, Revised 1/2007).