

REGINA COELI CHILD DEVELOPMENT CENTER
GROUP ACTIVITY VOLUNTEER TIME (Staff, please do not sign as Volunteer on this Form)

DATE OF ACTIVITY: ____/____/20____

CENTER: _____

GROUP ACTIVITY TYPE: (Check One) Board Meeting Education Committee Male Involvement Finance Committee Policy Council
 Health Services A.C. Nutrition A.C. Parent Committee Meeting Personnel Committee Teacher Assistant Other: _____

Event : _____

Volunteer Name (PRINT LEGIBLY)	Volunteer Initials	Check One **	Child's Name (Parent) or Agency/Position (Community Volunteer)	Time In	Time Out	TRAVEL (Roundtrip)
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____
		<input type="checkbox"/> P <input type="checkbox"/> FP <input type="checkbox"/> C				Miles:_____ Hrs/Min:_____

**P = Current HS Parent Volunteer; FP = Former HS Parent Volunteer; C= Community Volunteer (non-parent)

I certify that above listed volunteer services are allowable, necessary, and reasonable for the operation of a Head Start/Early Head Start program.

Receiving STAFF Signature _____

Date: _____

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GoEngage Recorder _____

Date _____