

Tri-County Community Council, Inc.  
Head Start/Early Head Start  
In-Kind Volunteer Service Report

Name of Volunteer (Print) \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
Relationship to child: Parent \_\_\_\_\_ Other Relative \_\_\_\_\_ Community Rep \_\_\_\_\_ Policy Council Liaison \_\_\_\_\_  
Service Provider (name) \_\_\_\_\_

Center: Chipley \_\_\_\_\_ Walton \_\_\_\_\_ Westville \_\_\_\_\_ EHS \_\_\_\_\_ Admin Office \_\_\_\_\_

Date	Personnel (Volunteer Hours) Description of Service	Hrs. worked	Amount Per Hour
			_____ Hrs. @ \$16.27 Inmates
			_____ Hrs. @ \$16.95 Volunteers
			_____ Hrs. @ \$21.80 Advisory Committee Volunteer
			_____ Hrs. @ \$28.77 Policy Council Member
			_____ Hrs. @ \$ Professional Rates and/or Wage Rate List
			= \$ _____ Total Personnel
	Total		

**MILEAGE**

Date	To	From	One Way or Roundtrip	Total Miles	Cost Per Mile
					_____ Miles @ \$.445
					= \$ _____ Mileage
				Total	

**Volunteer Signature** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Grand Total** \_\_\_\_\_

If volunteer service hours are for services rendered other than the basic classroom, meeting, and at home activities then refer to the Wage Rates List or the HS employee's estimated hourly cost for amount to claim.