

**Missouri Ozarks Community Action, Inc.
Volunteer Time Sheet**

**Volunteer
Name:**

- Parent
 Other

_____ Last Name First Name Center/ Class

**Volunteer
Address:**

_____ Address City State Zip

Head Start Child's Name: _____

Date	Volunteer's Activity (Brief Description)	Time In/ Time Out (15 min. intervals)	Total hours/mins.	Miles	Initials

Signature of Volunteer: _____

Only one volunteer per sheet.

Signature of staff who verified services: _____

Donation with store receipt

Central Office Use Only:			
Code	Hours/Mins.	Code	Hours/Mins.
	Entered by: (Initials and date)		