



CSNT HEAD START
304 EAST HOUSTON STREET
LINDEN, TX 75563
PHONE (903) 756-5596 FAX (903) 756-7294

Campus: _____

VOLUNTEER TIME SHEET

DATE: _____

DATE	HOURLY RATE	TIME IN/OUT	TRAVEL (if applicable)	SERVICES PROVIDED	TOTAL TIME Including travel time
		_____ / _____ Time In Time out	Miles _____ Fare _____ One-way		
		_____ / _____ Time In Time out	Miles _____ Fare _____ One-way		
		_____ / _____ Time In Time out	Miles _____ Fare _____ One-way		
		_____ / _____ Time In Time out	Miles _____ Fare _____ One-way		
		_____ / _____ Time In Time out	Miles _____ Fare _____ One-way		
		_____ / _____ Time In Time out	Miles _____ Fare _____ One-way		

For Office Use Only	Total Time Volunteered _____ X _____ = _____ Total miles _____ X _____ X _____ = _____ Total In-Kind _____ <small style="display: block; text-align: center;"> Total hrs. Rate One Way Round Trip Mileage Rate </small>
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To the Volunteer:
 Head Start is a federally funded program. Your work as a volunteer is an important part of the program. Federal guidelines require that we certify volunteer time. Thus, we are asking you to complete this record and return it to your supervisor/agency representative. Thank you for your valuable contribution. I hereby certify that I have performed the above mentioned volunteer services.

Volunteer Name: (Please Print) _____ Volunteer Signature: _____

Child's Name: (If applicable) _____ Supervisor/Agency Representative: _____

You will not be paid for the time that is documented on this form. The time is considered a donation to the Campus / Program.