



## Van Buren County Head Start In-Kind Services

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Data Entered By: \_\_\_\_\_

Volunteer

Signature: \_\_\_\_\_

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

Volunteer Name: \_\_\_\_\_

### Donor Information

Program Type

(please check ONLY ONE alternative)

\_\_\_\_ HS

\_\_\_\_ Parent Committee/Policy Council

\_\_\_\_ Fatherhood

\_\_\_\_ Volunteer Type

(please check ONLY ONE alternative)

\_\_\_\_ Parent Volunteer

\_\_\_\_ Community Volunteer

### In-Kind (Time)

Date of Service: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Type of Service

(please check ONLY ONE alternative)

\_\_\_\_ Family support visit

\_\_\_\_ Home visit

\_\_\_\_ Classroom volunteer

\_\_\_\_ Vehicle volunteer

Event: \_\_\_\_\_

Hours: \_\_\_\_\_

Rate: \_\_\_\_\_

Total value in dollars (auto-calculated for each entry upon save): \_\_\_\_\_

### In-Kind (Goods)

Date donated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Item(s): \_\_\_\_\_

Total value in dollars (auto-calculated for each entry upon save): \_\_\_\_\_

### In-Kind (Mileage)

Date of trip: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

\_\_\_\_ One Way

\_\_\_\_ Round Trip

Total Miles: \_\_\_\_\_

Cost per mile (no \$ or commas--please enter as .XX): \_\_\_\_\_

Total value in dollars (auto-calculated for each entry upon save): \_\_\_\_\_

### In-Kind Total Value (Hours, Goods, Mileage)

Total value of hours (add the total column above and enter here; no \$ or commas): \_\_\_\_\_

Total value of goods (add the total column above and enter here; no \$ or commas): \_\_\_\_\_

Total value of mileage (add the total column above and enter here; no \$ or commas): \_\_\_\_\_

Grand total (auto-calculated from the above 3 items upon save; please update previous 3 "total" items in this heading regularly, ideally each time you make a new entry): \_\_\_\_\_