Volunteer In-Kind Log

Campus _____Teacher _____Month _____

Volunteer's Name	Child's Name (If volunteer has a child enrolled in the classroom)	Activities Performed (Write code or codes from bottom of page.)	Date	Time in	Time out	Total Hours	Staff Verification (HS or Community)

1 – Worked with children in centers
2 – Read books to children
3 – Observed children at outdoor play activities
4 – Assisted with meals
5 – Assisted with daily routines (tooth brushing, handwashing, walking to cafeteria, playground, etc.)
6 – Worked in Parent Center on general clerical duties

Total Hours for the Month _____