HEAD START of LANE COUNTY
VOLUNTEER TIME / *TIEMPO VOLUNTARIO*

Please Print / *Use Letra de Molde*

VOLUNTEER'S NAME / *NOMBRE DEL VOLUNTARIO*: _____

VOLUNTEER'S SIGNATURE / *FIRMA DEL VOLUNTARIO*: _____

ATTENDING CHILD'S NAME / *NOMBRE DEL NIÑO:* _____ ❒ Not Applicable

ATTENDING SITE / *SITIO:* _____ ❒ Not Applicable

PLEASE "X" ONE / *MARQUE CON UNA "**X**"*: ❒ **Family** / *Familia* ❒ **Community** / *Communidad*

ARE YOU A …? / *¿ERES UN(A) …?*: ❒ **Current Parent** / *Padre Actual* ❒ **Former Parent** / *Padre Antiguo(a* ❒ Neither

DATE *FECHA*	**TIME IN** *HORA ENTRADA*	**TIME OUT** *HORA SALIDA*	**TOTAL HOURS** (round off by quarter hour) **HORAS EN TOTAL** (redondear en bloques de 15 minutos)	**1-15 minutes = .25** **16-30 minutes = .50** **31-45 minutes = .75** **46-60 minutes = 1.0**	**PROJECTS** *PROYECTOS*
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FOR OFFICE USE ONLY / *SOLO PARA USO DE LA OFICINA*

AMOUNT OF TIME SPENT: (Hours/Minutes) _____

HEAD START STAFF: (Signature) _____

(R:5/15-C:8/90) white
Finance