



Olympic ESD 114 Head Start/ECEAP/Early Head Start COMMUNITY PARTICIPANT

For: Professional Volunteers who donate services normally paid fees for

Due: End of month

Give to: Supervising Program Manager

Purpose: Record in-kind from professional services

Instructions:

1. Community participant fills in date and blanks. 1st blank should be date of service, 2nd blank number of hours, 3rd blank value of time, 4th blank type of service, 5th site or classroom.
2. Community participant prints name and then signs.
3. The value is based on the participants' usual fees.
4. Supervising Program Manager signature.

Community Participant form

This form should be used for volunteers who are acting within their professional capacity. For an example a fire fighter who does a presentation to the class or at a family gathering on fire safety or the Dentist who participates in the Health Advisory committee. The volunteer is responsible for valuing their time.