

Sacramento City Unified School District

HEAD START/EARLY HEAD START CLASSROOM VOLUNTEER ACTIVITIES

TEACHER: _____ SITE/CLASS: _____ MONTH/YEAR: _____ WEEK OF: _____ to _____ (Monday-Friday)

All activities on this form are "Instructional Aide" activities consistent with current job specifications.

Hours Approved By: _____

Signature of Teacher

Please use a Pen!			Relationship to child?	Mon. In/Out	Tues. In/Out	Wed. In/Out	Thurs. In/Out	Fri. In/Out	Total Hours
<i>Volunteer's Name</i> <i>Example: Jane Smith</i>	<i>Volunteer's Signature</i> <i>Jane Smith</i>	<i>Child's Name/Foster Grand Parent</i> <i>Joey Smith</i>	Mother/Aunt/Grandmother	8:00 9:15	12:00 1:00	(Please use 5 minute increments)			
John Jones	<i>John Jones</i>	Carol Jones	Father/Uncle/Grandfather		8:30 10:30		8:30 9:00	8:30 9:00	

Note: The purpose of this form is to track VOLUNTEER hours and "Rate of Pay" does not mean volunteers are paid.

For Office Use Only: Total Hours: _____ (X Rate of Pay: _____ = _____) (Rate of pay is determined at the Instructional Aide rate unless otherwise noted)