

WEDNESDAY FOLDER WEEKLY VOLUNTEER LOG

Child's Name: _____

29th Street Classroom # _____

Volunteer's Name (Print first/last): _____

Capitol AM/PM Session (circle one)



Relationship to Child: _____

Date	WMELS & HSELOF Standard	Activity	Start Time (Actual time)	End Time (Actual time)	Hourly Calculation (Completed by Teacher)
Wednesday Date:					
Thursday Date:					
Friday Date:					
Saturday Date:					
Sunday Date:					
Monday Date:					
Tuesday Date:					

Volunteer Signature: _____

Staff Signature: _____

0-7 min: 0
8-22 min: .25
23-38 min: .5
39-52 min: .75
53-60 min: 1
Time Calculation

Total Hours	_____
Total Amount (total hours) X \$22.24 per hour	\$ _____

Volunteers: Record the dates, activity, and the times you worked with your child on an activity in the appropriate column. Please sign and return the log to your child's teacher by Tuesday.

Teaching Staff: Complete site information, child's name, standards, and the hourly calculation. Submit the log to your Education Manager. The Education Manager will monitor the form for accuracy.

Program Assistant: Input data into system and send original copy to fiscal. All meetings, trainings sent record on sign-in sheet – Donations on In-kind Services Form

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Monitored by: _____ Date _____
Education Manager/Parent Educator Supervisor