

**ECONOMIC OPPORTUNITIES COUNCIL OF INDIAN RIVER COUNTY, INC.  
HEAD START PROGRAM**

**SUMMARY OF VOLUNTEER SERVICES FOR \_\_\_\_\_ (Month/Year)**

**Provided to \_\_\_\_\_ (Classroom/Center)**

Date	Volunteer Name & Address	Hours Donated	Services Provided*	Volunteer Signature
	_____			
	_____			
	_____			
	_____			
	_____			
	_____			
	_____			
	_____			
	_____			

Staff Signature \_\_\_\_\_

\*Please indicate any special qualifications that benefited the Head Start Program