

Texas Council of Child Welfare Boards
IN-KIND CONTRIBUTION FORM
 Month of _____

Volunteer's Name: _____

Address: _____ City/Zip: _____

Phone: _____ E-mail: _____

Volunteer Status: ___ Member ___ Community ___ TDPRS/Staff

Area Volunteered in: (check all that apply)

- ___ Travel ___ Speaker ___ Public Relations
 ___ Project ___ Professional ___ Community
 ___ Officer ___ Meeting _____(Kind)
 ___ Other _____

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		Total
# Hours																	

DATE	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
# Hours																	

Total # Volunteer Hours _____ X \$18.44 per hour = _____

Total # Professional Hours _____ X _____ per hour = _____
 (If you are donating professional services as a teacher, plumber, mechanic, etc...please fill out your professional rate here)

Professional title/services performed _____

Supplies and/or other merchandise contributed (attach receipts or statement from contributor):

 _____ Total: \$ _____

I verify that this information is correct and the hours/donations are an actual reflection of the in-kind that I have provided for Texas Council of Child Welfare Boards.

 Signature of contributor

 Signature

Approved by:

 Signature TCCWB Member/Position

 CWB and Position