

CASA/GAL of Miami County, Inc.
Volunteer Activities Report

Volunteer name _____

Activity Month _____

Case Name	Date of Activity	Type of Activity	Type of Contact	Time Spent (to 1/4 hour)	Miles Driven
Totals					

Activity Codes:

- | | | |
|-----------------|-----------------------------------|--------------------------------|
| 1. Team Meeting | 4. Contact with Biological Family | 7. Contact with Foster Parents |
| 2. Court | 5. Contact with Child | 8. Wrote Reports |
| 3. SAR | 6. Contact with Others | |

Contact Codes:

- | | | |
|-----------------|------------|----------|
| 1. Face-to-Face | 3. Phone | 5. Other |
| 2. E-mail | 4. Written | |

Training to Be Recorded

Subject	Type (Lecture, Book, Video)	Date	Time

Entered in to CASA Manager by: _____ Date: _____