

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				0	0

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 into Comet by: _____

Date: _____