

Volunteer Monthly Report

Please complete and return to the CASA office within 10 days. Thank you for your assistance!

Volunteer Name: _____
Address: _____
Phone: _____

On what dates did you see the children on your CASA case?

Child's Name: _____ Date: _____
Amount of time spent with child _____
Child's current placement: _____
Number of hours spent on case this month: _____

Child's Name: _____ Date: _____
Amount of time spent with child _____
Child's current placement: _____
Number of hours spent on case this month: _____

Child's Name: _____ Date: _____
Amount of time spent with child _____
Child's current placement: _____
Number of hours spent on case this month: _____

Did you participate in any training this month? (If yes, please list topic, instructor, and hours. Twelve (12) hours of ongoing training is required per year.)

Comments:

Please feel free to fax or email your response to cdcasa@nwi.net or 663-6165 (fax)

CASA volunteers are Everyday Heros!!