CASA LOG OF VOLUNTEER HOURS

CASA'S Name:	**Month/Year:**
Child's Name:	**Date of last SW/PO contact:** *(mandatory monthly contact)*

Next Hearing Date:

DATE	EDUCATIONAL HOURS (incl. travel time)	HOURS
	CONTINUING EDUCATION & IN-SERVICE (seminars at CASA office or in the community):	
	INDEPENDENT STUDY (books, videos, tours, etc.):	
	EDUCATIONAL SUBTOTAL	

DATE	CASEWORK: phone calls, visits, interviews, report writing, etc. (incl. travel time)	HOURS
	CASEWORK SUBTOTAL	

DATE	OTHER VOLUNTEER WORK: Office or event volunteer, committee, etc.	HOURS
	OTHER VOLUNTEER WORK SUBTOTAL	
	TOTAL	

New Developments: changes in placement, social worker, counsel, etc.:

Did you review the following case concerns this month?

1. MEDICAL ISSUES: Yes _____ No _____Please describe:
2. EDUCATIONAL ISSUES: Yes_____ No _____Please describe:
3. PREDELINQUENT BEHAVIORS: Yes _____ No _____Please describe:

Please include and attach any new contact information (phone, email, address, proof of insurance, etc):

CASA
Court Appointed Special Advocates
FOR CHILDREN

Please contact the CASA office with any important case information, questions, or concerns.
Phone: 707-565-6375 Fax: 707-565-6379 Email to omcasa@sonomacasa.org
Mail to P.O. Box 1418 Kenwood, CA 95452