CASA of HUMBOLDT

VOLUNTEER TIME RECORD (Due by the fifth of the month)

ADVOCATE NAME _____PHONE_____

CASE REFERENCE (Please do not use child's name) JV#_____

START DATE _____ END DATE _____

Case Hours (advocate work)

DATE	HOURS*	DESCRIPTION OF ACTIVITY (Please do not use child's name)
TOTAL	0	

Volunteer Hours (non-advocate work)

TOTAL	0	

Continuing Education

TOTAL	0	

**Please round up to the nearest half hour.*

CONCERNS / ISSUES:

❑ Relationship with child(ren) ❑ Court Process ❑ Access to Information

❑ Relationship with caregiver ❑ Communication with Professionals ❑ Other

Explain:

VOLUNTEER SIGNATURE _____DATE_____

SUPERVISOR SIGNATURE_____DATE_____