CHILD ADVOCATES
CASA OF ARCHER, CLAY, MONTAGUE AND WICHITA COUNTIES

Child Advocates
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Volunteer Activity and Contact Log

Volunteer Name: _____ Month/Year: _____

Case Name: _____ Case Supervisor: _____

Date of Activity	Type of Activity	Type of Contact	Time Spent (to 1/4)	Total Mileage
(For Office Use Only)		VOCA		
		Non-VOCA		
		TOTAL		

Type of Contact Activity Codes

1- Child	4- Placement	7- Family Member	10- Court	13- Training
2- CPS	5- School/Daycare	8- Attorney	11- Report	14- Office
3- CASA	6- Therapist	9- Meeting (PC, FGC etc.)	12- ARD Meeting	15- Other

Type of Contact Codes

A- In Person	C- Phone Attempt	E- Email	G- Other
B- Written	D- Phone	F- Fax	

Volunteer Signature: _____ Date: _____

Case Supervisor Signature: _____ Date: _____

FOR OFFICE USE ONLY

Entered into COMET by: _____ Date: _____