

Volunteer: \_\_\_\_\_

Month:     Month \_\_\_\_\_ Year \_\_\_\_\_

Case #: \_\_\_\_\_

Case Name: \_\_\_\_\_

# Volunteer Monthly Contact Form

**CASE CONTACTS FOR THE MONTH:**

\*round hours to 1/4 hr

Contact	Date	Activity Type	Contact Type	Out of Court?	Hours	Miles
<b>TOTALS</b>						

VOCA Funded Volunteer Hours: \_\_\_\_\_

**SERVICES FACILITATED FOR THE MONTH:**

Name	Date	Contact Type	Service Type

Activity Type Codes	Contact Type Codes	Service Type Codes
C = Child	F = Face to Face	C = Counseling
P = Parent	P = Phone	E = Educational
R = Relative	E = Email	M = Medical
E = Educational	V = Video Call	P = Permanency
L = Legal	L = Letter	PL = Placement
CASA = CASA Staff	T = Text Message	T = Trauma
DHS = Caseworker		
SP = Service Provider		
PP = Placement Provider		
O = Other		

Volunteer Signature \_\_\_\_\_





# Volunteer Monthly Time Form

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 Case Number: \_\_\_\_\_ Case Name: \_\_\_\_\_  
 Total # of Hours: (from Pg 1) \_\_\_\_\_ Mileage: (from Pg 1) \_\_\_\_\_

**CASE CONTACTS FOR THE MONTH:** *(Equals number of contacts from Pg. 1)*

Please indicate the total number of contacts with each of the individuals in the categories below for the current month.  
This information is required to be reported to Oklahoma CASA Association.

*Face to Face w/child	DHS	Service Providers	Parent/Relative	Education	Placement Providers	Legal	CASA Staff	Others

\* Total of number of face- to-face contacts with each child (one visit with 3 children present equals 3 contacts)

\* If you did not see your CASA child(ren) *in person* this month, please document explanation in the space below:

**SERVICES FACILITATED FOR THE MONTH:** *(Equals number of services from Pg. 1)*

Please indicate the number (if any) of services facilitated by CASA on your case during this month.

Counseling	Educational	Medical	Permanency	Placement	Visitation	Services – Parent	Services – Child	Trauma Based

Has the child changed schools this month? Yes  No  N/A   
 Has the child experienced a change in placement this month? Yes  No   
 Has the child experienced a change in professional this month? Yes  No   
 Did CASA provide Victim Compensation/Rights information to any party this month? Yes  No

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit your monthly time form to your supervisor by the 5th of each month 😊**