## CASA of Lexington Volunteer Activity Form

Volunteer Name:
Signature:
Case Name: $\qquad$

Please send to your VM by the 5th each month. Hours should be reported in 25 increments.

| 1 - Contacted Parent/Caregiver | 4 - Attended Court | 7 - Interpreter Present |
| :--- | :--- | :--- |
| 2 - Case Research/Gathering | 5 - Contacted VM/ | 8 - In-Person Child Contact |
| Information | Associated Party/School | 9 - Observed Visit |
| 3- Court Report Writing | 6 - Attended IPR | 10 - Other |


| Date | Activity | Key Code | People Involved | Hours | Miles Driven | Additional Comments |
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