

Monthly Volunteer Time Sheet

Volunteer Name: _____ Month of: _____

Case Name: _____ Due: **15th of following month**

Child(ren) moved this month? ☐ Yes _____ ☐ No Date: _____
Name(s)

Moved from:

- | | | |
|--|--|-----------------------------------|
| <input type="radio"/> Mother | <input type="radio"/> Father | <input type="radio"/> Parents |
| <input type="radio"/> Maternal Grandfather | <input type="radio"/> Paternal Grandfather | <input type="radio"/> Foster Care |
| <input type="radio"/> Maternal Grandmother | <input type="radio"/> Paternal Grandmother | <input type="radio"/> Other _____ |

Placed with: _____

Reason for placement:

- | | |
|--|--|
| <input type="radio"/> Former placement requested move | <input type="radio"/> Child requested move |
| <input type="radio"/> Alleged abuse or neglect in former placement | <input type="radio"/> Case closed |
| <input type="radio"/> Child placed with sibling group | <input type="radio"/> Moved from temporary placement |
| <input type="radio"/> Reunification | <input type="radio"/> Other _____ |

Placement type:

- | | | |
|--|--|--|
| <input type="radio"/> Own Home | <input type="radio"/> Non Relative Foster Care | <input type="radio"/> Residential Treatment Facility |
| <input type="radio"/> Relative Placement | <input type="radio"/> Therapeutic Foster Home | <input type="radio"/> Detention Center |
| <input type="radio"/> Group Home | <input type="radio"/> Independent Living Program | <input type="radio"/> Hospital |
| <input type="radio"/> Emergency Shelter | <input type="radio"/> Non Relative Adoption | |

Child(ren) re-abused this month? ☐ Yes _____ ☐ No
Name(s)

Allegation: ☐ Abandonment ☐ Educational Neglect ☐ Emotional Abuse ☐ Dependency
☐ Medical Neglect ☐ Physical Abuse ☐ Neglect ☐ Sexual Abuse

Allegation substantiated: ☐ Yes ☐ No ☐ Not at this time

Name of alleged perpetrator: _____

Change in BCCS worker this month? ☐ Yes ☐ No Name: _____

Change in GAL this month? ☐ Yes ☐ No Name: _____

Ongoing Continuing Education

Types of Activities:

☐ PARACHUTE In-Service ☐ Movie/TV Show ☐ Book ☐ Other training

Title/Description	Date	Type of Activity	Time spent

Volunteer Monthly Activities

- Please denote time spent on case in minutes to ensure consistency!

Activity	Date of Activity	Type of Activity (see codes below)	Type of contact (see codes below)	Time spent	Miles driven
Example: Visit with children	1/10/11	4,6	1	30 min.	20

Activity Codes (Please list all codes that apply.)

2 Attended court hearing	6 Child contacted	10 Travel
3 Attended SAR	7 Collaterals contacted	11 Wrote reports
4 Biological parents contacted	8 Foster parents contacted	12 Other
5 PARACHUTE staff contacted	9 Relatives contacted	13 Medical staff contacted
14 Educational staff contacted		

Contact Codes

1 In person	2 E-mail	3 Phone	4 Written	5 Other	
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Please call with any questions on this form!!

Volunteer Signature & Date

Supervisor Signature & Date