

Date Check to CASA:

CASA/GAL Training Hours Submission and/or Reimbursement Form

Volunteers: You are mandated by National CASA Association Standards to complete 12 hours of in-service training each year. When you take a training, please complete this form in full and submit it to the CASA Office. The CASA Office will record and track your training hours for you. We will also reimburse you for a portion of your workshop/seminar cost pursuant to the CASA Training Reimbursement Policy, if you submit the completed form. A current schedule of available training is always posted on the Lucas County CASA website (www.casakids.net) under the subsection 'In-Service Training'.

CASA Name: Legal Na Preferred Telephone Number:		Legal Name:		Date Submitted:			
		Prefe	Preferred E-mail:				
I completed t	the following training (list INDI	/IDUAL workshops, seminars,	and/or cla	sses):			
Date	Workshop Title	Presenter (Need name and Credentials)	Start Time	End Time	Rule 48 Eligible?	Cost	
					CYes		
					C Yes		
					Yes		
					CYes		
		TOTAL HOURS (staff will compute)			TOTAL		
		Scanned Fax *Reimbursement of Address:					
For Office Use: Date Rec'd in Office: Date Posted to Casa Mo		oved by Director Yes No be Reimbursed:					