



FIELDWORK CHECKLIST



**Complete this fieldwork checklist within 45 days of receiving your case.
Please notify the [Volunteer Trainer](#) when you complete an activity.**

Volunteer Name _____ Training Month _____

Peer Mentor _____

Child Advocacy Manager _____

REQUIRED FIELDWORK ACTIVITIES

1. Court Observation *Non-case related* Date Completed _____
Please contact Christine.Gornik@gal.fl.gov when completed.
2. Review Case File/Notes/Documentation Date Completed _____
Please contact Christine.Gornik@gal.fl.gov when completed.
3. Contact Caregiver Date Completed _____
Please contact Christine.Gornik@gal.fl.gov when completed.
4. First Child Visit *With Peer Mentor* Date Completed _____
Please contact Christine.Gornik@gal.fl.gov when completed.
5. Contact Parents Date Completed _____
Please contact Christine.Gornik@gal.fl.gov when completed.
6. Contact Child's Teacher Date Completed _____
Please contact Christine.Gornik@gal.fl.gov when completed.
7. Contact Dependency Case Manager Date Completed _____
Please contact Christine.Gornik@gal.fl.gov when completed.
8. Full Certification Date Completed _____