



Liberty/Chambers Counties VOLUNTEER TRANSPORTATION REQUEST FORM

Case Number: _____

Child/Children's Name (s):

DOB: _____

DOB: _____

Location/Destination of Transport:

Date, Approximate Time and Duration of Transport and Return:

I understand that CASA Liberty/Chambers Counties and CASA Advocate, _____, in the course of working on behalf of the above named children, may transport the children by car on the above date and time and so give my permission.

Liberty/Chambers Counties CASA agrees to abide by all child safety and restraint laws while transporting children in Texas Department of Family Protective Services custody. (Attached Policy and Procedure)

I have read and understood the Liberty/Chambers Counties CASA Transport Policy and Procedure and agree to abide by all the rules and laws. I accept all liability for this transport.

Volunteer Advocate/Guardian ad Litem

Date

Signed:

TDFPS Case Supervisor

Date

CASA Program Director

Date