



Court Appointed Special Advocates

REFERENCE FOR CASA VOLUNTEER

_____ has volunteered to serve as a Court Appointed Special Advocate (CASA). In this appointment, the volunteer will act as an advocate, fact-finder, and monitor for abuse, neglected, or abandoned children in the legal process in Lubbock, Castro, Cochran, Hale, Hockley, Terry, Swisher, and/or Yoakum Counties.

You have been listed as a reference for this volunteer applicant. Please complete this questionnaire and return it to us by refolding and stapling this form. The return address is provided below. You may also fax it to us at 763-2273. **Thank you in advance for your promptness.**

1. In what capacity do you know the applicant? (Reference person **CANNOT BE RELATED** to Volunteer) _____ For how long? _____

2. Please describe strengths this applicant has that are relevant to this program?

3. Check as many of the following that describe the applicant:

- | | | | | |
|--------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Nervous | <input type="checkbox"/> Friendly | <input type="checkbox"/> Assertive | <input type="checkbox"/> Tactful |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Happy | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Considerate | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Reserved | <input type="checkbox"/> Moody | <input type="checkbox"/> Opinionated | <input type="checkbox"/> Follower | <input type="checkbox"/> Well-adjusted |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Confident | <input type="checkbox"/> Lacks Confidence |

4. In your opinion, would the applicant have problems working with any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Race other than their own | <input type="checkbox"/> Sex other than their own |
| <input type="checkbox"/> Handicapped/Disabled person | <input type="checkbox"/> Religion other than their own |

Explain: _____

5. How well do you think this applicant can work with families and the children of those families who have been abused or neglected?

6. How well does this applicant finish projects and activities begun?

- Very well Well Average Fair Poor

7. Do you feel this applicant is in the position to make a year long commitment to a child? _____

Name (please print) _____

Signature: _____ Date: _____

Address: _____ Phone: _____ (wk)

_____ (hm)

Thank you for your cooperation

Please return to: 916 Main St., Ste. 425, Lubbock, TX 79401 Attn: Peggy Espinoza