



**VOLUNTEER REFERENCE FORM**

**COWETA CASA PROGRAM – 61 HOSPITAL RD. – NEWNAN, GA 30263**

NAME OF APPLICANT: \_\_\_\_\_

Date: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE #: \_\_\_\_\_

\_\_\_\_\_ has applied to become a volunteer Court Appointed Special Advocate. You were named by the applicant as a reference. Please complete this form and return it to our office within two weeks so that the applicant will be eligible for training. The information you provide will be treated as confidential. Thank you for your assistance.

A Court Appointed Special Advocate (CASA) is a trained and supervised volunteer who is appointed by a judge to protect the best interests of abused and neglected children. The CASA interviews all parties involved to assess each case, formulates recommendations, identifies resources, prepares written reports and appears at all court hearings. A program brochure is enclosed.

**Please rate the prospective CASA in the following areas:**

1. Length of time you have known applicant. \_\_\_\_\_
2. In what capacity do you know applicant? \_\_\_\_\_
3. Describe the applicant's relationship to people, in general. Check as many as are applicable.  
 Friendly \_\_\_ Unfriendly \_\_\_ Shy \_\_\_ Sincere \_\_\_ Outgoing \_\_\_ Withdrawn \_\_\_  
 Aloof \_\_\_ Quiet \_\_\_ Passive \_\_\_ Interactive \_\_\_ Other \_\_\_\_\_
4. How would you rate applicant's ability to cooperate?  
 Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_
5. How would you rate applicant's trustworthiness?  
 Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_
6. How would you rate the applicant's dependability?  
 Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_
7. How would you perceive the applicant's judgment in interpersonal relations/situations?  
 Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_

8. How would you rate the applicant's self confidence?  
Excellent\_\_\_ Good\_\_\_ Average\_\_\_ Poor\_\_\_

9. How would you rate the applicant's verbal and written communication skills?  
Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_

10. Check all of the following which describe the applicant:  
Domineering \_\_\_ Leader \_\_\_ Loner \_\_\_ Aggressive \_\_\_  
Temperamental \_\_\_ Follower \_\_\_ Opinionated \_\_\_ Happy \_\_\_  
Lacks confidence\_\_\_ Well Adjusted \_\_\_ Reserved \_\_\_ Cooperative \_\_\_  
Arrogant \_\_\_ Considerate \_\_\_ Stubborn \_\_\_ Nervous \_\_\_  
Assertive \_\_\_ Conceited \_\_\_ Confident \_\_\_  
Other \_\_\_\_\_

11. Please describe a stressful situation that illustrates how the applicant approached and resolved the situation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you feel the applicant is in a position to make a commitment of at least one (1) year? Yes No  
Why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. To your knowledge has the applicant ever abused the use of drugs or alcohol? Yes No  
Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Based on your understanding of the program, could you recommend applicant as a CASA? Yes No  
Why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any additional information that would help us evaluate this application.

If you have any questions or information you wish to discuss please feel free to call me. Thank you again for your help in facilitating this very worthwhile volunteer effort.

Executive Director: Traci Corné

Phone: 770-253-0046