



Sixth Judicial District CASA/GAL Program, Inc.

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VOLUNTEER ADVOCATE PERSONAL REFERENCE FORM

All Information Will Be Held Confidential In Every Aspect

(Please Print)

Name of Person Completing this Reference: _____

Name of CASA/GAL Volunteer: _____

1. In what capacity have you known the applicant? _____ For how long? _____

2. Do you have knowledge of how the applicant relates to others? Yes No
If yes, please explain:

3. Please describe the applicant's strengths or attributes as they pertain to participation as a volunteer child advocate _____

4. In your opinion do you believe that the applicant would have problems in working with any of the following? Females Males Handicapped Various Religions

Racial Minorities Ethnic Cultures Poverty families LGBT

5. How well does the applicant finish projects and activities begun?

Very well Well Average Fair Poor

6. Do you feel that the applicant is in a position to make a commitment to a non-profit organization?

7. In your knowledge has the applicant ever had a chemical dependency problem?
 Yes No

Please use the back of this sheet to add any additional comments summarizing your view of the applicant and their ability to work on behalf of abused and neglected children.

Signature

Date