



Bergen County Court Appointed Special Advocates, Inc.

One Bergen County Plaza 4th Floor Suite 440 Hackensack, NJ 07601

Phone: 201.336.7520 – Fax: 201.336.7521

Email: info@bergencasa.org – Website: www.bergencasa.org

REFERENCE QUESTIONNAIRE

_____ has applied to serve as a volunteer Court Appointed Special Advocate. Please complete this questionnaire and send it to Bergen County CASA, Inc. as soon as possible. Enclosed is a fact sheet to give you an idea of the work of the CASA program.

ALL INFORMATION RECEIVED WILL BE HELD CONFIDENTIAL

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

2. How well do you know the applicant?
 Very well _____ Well _____ Somewhat _____ Little _____ Very Little _____

3. Applicant's relationship to own children, if applicable?
 Extreme conflict _____ Mild conflict _____ Good _____ Very good _____
 Don't know _____ Doesn't apply _____

4. Applicant's relationship to youth in general (check as many as apply)
 Impatient _____ Distant _____ Friendly _____ Understanding _____
 Stern _____ Other (please list) _____

5. Applicant's relationships with people in general (check as many as apply)
 Warm _____ Shallow _____ Loyal _____ Shy _____ Sincere _____ Cool _____

6. How would you rate the applicant's health?
 Excellent _____ Good _____ Average _____ Fair _____ Poor _____

7. Check as many of the following that describe the applicant

Domineering _____	Cooperative _____	Arrogant _____
Leader _____	Follower _____	Stubborn _____
Temperamental _____	Confident _____	Lazy _____
Opinionated _____	Friendly _____	Caring _____
Unhappy _____	Aggressive _____	Easy-Going _____
Nervous _____	Reserved _____	Hot-Tempered _____
Happy _____	Well Adjusted _____	Patient _____
Lacks Confidence _____	Assertive _____	Easily Upset _____
Considerate _____	Moody _____	Stable _____

8. To what extent is the applicant aware of his/her shortcomings?

Accepts them _____	Strives to overcome them _____	Ignores them _____
		Not aware of any shortcomings _____

9. Applicant's ability to be flexible?
Excellent _____ Good _____ Average _____ Fair _____ Poor _____

10. Applicant's ability to assume responsibility?
Excellent _____ Good _____ Average _____ Fair _____ Poor _____

11. How well does the applicant finish projects or activities that he/she has begun?
Very well _____ Well _____ Average _____ Fair _____ Poor _____

12. Do you consider the applicant emotionally stable? Yes _____ Usually _____ No _____
If no, please explain? _____

13. To your knowledge, has the applicant ever had a drug or alcohol problem? No _____ Yes _____
If yes, please explain _____

14. To your knowledge, has the applicant ever been accused, arrested or convicted of a crime?
No _____ Yes _____ If yes, please explain _____

15. Would you be comfortable having the applicant serve as a CASA volunteer for a child close to you? No _____ Yes _____

16. Do you feel the applicant can separate personal life from volunteer work as a CASA?
No _____ Yes _____ Don't Know _____

17. Do you feel the applicant is in a position to make a yearlong commitment to a child?
No _____ Yes _____ Don't Know _____

18. Discuss your overall reaction to this applicant, including any information not previously mentioned. (Please attach additional page if necessary.)

YOUR NAME: (please print) _____

SIGNATURE: _____ DATE: _____

DAYTIME PHONE NUMBER: _____ EVENING PHONE NUMBER: _____

Please return the completed questionnaire to Bergen County CASA, One Bergen County Plaza, 4th Floor Suite 440, Hackensack, NJ 07601. We sincerely appreciate your taking the time to assist us. If you have any questions, please contact Amanda Simonton, Volunteer Administrator by phone at 201-336-7520 or fax 201-336-7521.