



**Children's Advocacy Center**  
Serving Bastrop, Lee and Fayette Counties  
1002 Chestnut St.  
Bastrop, TX 78602  
(512) 321-6161

## Volunteer Reference Questionnaire

\_\_\_\_\_ (Volunteer Name) has applied as a volunteer to our program and has named you as a reference. The Children's Advocacy Center provides crisis intervention and therapeutic services to sexually and physically abused children and their non-offending family members. It is important that you openly and candidly give your views about this applicant. Your information will enable us to assess the applicant's ability to serve as a volunteer. Feel free to add additional information on back side or attach a page if needed.

**ALL INFORMATION RECEIVED WILL BE HELD CONFIDENTIAL IN EVERY RESPECT.**

How long have you known this person and in what capacity? \_\_\_\_\_

How well do you know the applicant? \_\_\_ Very Well \_\_\_ Well \_\_\_ Slightly

Have you had an opportunity to see him/her interact with children? Yes / No, if yes, please explain where and in what capacity? \_\_\_\_\_

Check all the following that describe the applicant's character: \_\_\_ Confident \_\_\_ Energetic \_\_\_ Inventive  
\_\_\_ Friendly \_\_\_ Quiet \_\_\_ Distant \_\_\_ Sincere \_\_\_ Impatient \_\_\_ Understanding \_\_\_ Easily Upset \_\_\_ Motivated

Describe the applicant's ability to be flexible. \_\_\_ Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor

How well does the applicant assume responsibility? \_\_\_ Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor

How well does the applicant accept direction and/or supervision? \_\_\_ Very Well \_\_\_ Well \_\_\_ Average \_\_\_ Poor

Regarding the applicant's relationships and interaction with others, including children, please check all that apply:  
\_\_\_ Shy \_\_\_ Friendly \_\_\_ Thoughtful \_\_\_ Impatient \_\_\_ Understanding \_\_\_ Considerate \_\_\_ Patient \_\_\_ Demanding

How would you rate the applicant's ability to handle confidential information? \_\_\_ Excellent \_\_\_ Good \_\_\_ Poor

Do you consider the applicant emotionally stable? \_\_\_ Yes \_\_\_ Usually \_\_\_ No

In your opinion, has the applicant ever had a drug or alcohol problem? \_\_\_ No \_\_\_ Yes If yes, please explain  
\_\_\_\_\_

Is there any particular reason why this person should or should not be a volunteer for our organization?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Please complete and mail directly to:**

Children's Advocacy Center  
Att: Volunteer Coordinator  
1002 Chestnut Street  
Bastrop, Texas 78602