CASS COUNTY YOUTH COURT

A COMMUNITY SOLUTION FOR AT-RISK YOUTH

RECOMMENDATION FORM

(Print neatly and complete in only blue or black pen.)

DEADLINE FOR SUBMISSION:

September 18, 2026 by 5pm

DO NOT RETURN FORM TO APPLICANT

Volunteer Applicant's Name: _____ Date: _____

This youth is applying to become a volunteer with the Cass County Youth Court. Volunteers must be in grades 7 – 12 in August of the current year. Volunteers will work directly with the public, and applicants should have a willingness and ability to speak with at-risk youth and their parents / guardians. Your input is a very important part of the selection process. We appreciate your candid responses regarding the applicant; all comments on this form will be kept confidential. (More details at https://www.circuit17kids.org/youth-court.html)

Please return this Recommendation Form via one of the three following processes:

MAIL: Cass County Juvenile Office, ATTN: Youth Court, 2501 W. Mechanic St, Suite 200, Harrisonville, MO 64701
SCAN AND EMAIL: CassCoYouthCourt@courts.mo.gov
FAX: (816) 380-8490

EVALUATOR INFORMATION (Please print clearly) ** Must be a non-related adult **

Evaluator's Name:	Phone Number:
Position / Affiliated Institution:	Length of Time Known:
Email: _____	

Relationship to Applicant:

☐Teacher ☐Unrelated adult

☐Counselor

☐Other: _____

***** If necessary, please use a separate sheet of paper to answer any of the following questions. *****

Please highlight one area of strength this applicant will provide the Cass County Youth Court. (Please highlight a specific example, if possible.)

1.

Please highlight one area of growth this applicant could build upon. (Please highlight a specific example, if possible.)

2.

(1: Unknown; 2: Poor; 3: Fair; 4: Good; 5: Excellent; 6: Outstanding) Evaluation:

	1	2	3	4	5	6
Ability to take directions	☐	☐	☐	☐	☐	☐
Interaction skills with peers	☐	☐	☐	☐	☐	☐
Interaction skills with adults	☐	☐	☐	☐	☐	☐
Behavior in group settings	☐	☐	☐	☐	☐	☐
Ability to work independently	☐	☐	☐	☐	☐	☐
Oral communication skills / public speaking	☐	☐	☐	☐	☐	☐
Willingness to learn	☐	☐	☐	☐	☐	☐
Self-motivated / Takes initiative	☐	☐	☐	☐	☐	☐
Leadership	☐	☐	☐	☐	☐	☐
Creativity	☐	☐	☐	☐	☐	☐
Curiosity	☐	☐	☐	☐	☐	☐
Reliability / Responsibility	☐	☐	☐	☐	☐	☐
Common sense	☐	☐	☐	☐	☐	☐
Ability to handle challenging situations / adaptability	☐	☐	☐	☐	☐	☐
Ability to maintain confidentiality	☐	☐	☐	☐	☐	☐

What other qualities, abilities, special interests, or experiences can you share about this applicant that we should consider in our application review?

3.

I recommend this youth to the Cass County Youth Court's Volunteer Program because:

4.

Thank you for your time and honest evaluation. We appreciate your willingness to complete this form.

Evaluator Signature: _____ Date: _____

Submit Form