CASA
Court Appointed Special Advocates
FOR CHILDREN
CASA OF HARFORD COUNTY

Send completed form to CASA of Harford County:
E-mail: casa@harfordcountymd.gov
Mail: 101 South Main Street, Suite 303
Bel Air, MD 21014
Fax: 410-420-6740

CASA of HARFORD COUNTY
VOLUNTEER APPLICATION – PART I

First Name _____ MI _____ Last Name _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____

Is it okay to contact you at work? Yes ☐ No ☐ If yes, please provide the following:

Work Email (if different from above) _____

Do you prefer to volunteer in the jurisdiction in which you live or in which you work?

Where I work ☐ Where I live ☐

Have you ever volunteered with another CASA program? Yes ☐ No ☐

If yes, do you give permission for us to contact staff at that CASA program? Yes ☐ No ☐

CASA program _____ Contact Person _____

Are you able to make a one year commitment to a child? Yes ☐ No ☐

Can you attend 30-35 hours of pre-service training? Yes ☐ No ☐

How did you become aware of CASA? (select one)

☐ Newspaper or magazine (name of publication: _____)

☐ Television (station: _____) ☐ Radio (station: _____)

☐ Maryland CASA Association ☐ National CASA Association

☐ Poster/flier/brochure ☐ Word of Mouth (e.g. friend, neighbor, etc.)

☐ Internet (web site: _____) ☐ Volunteer fair or conference: _____

☐ Church/work/club (name: _____)

☐ Referral from another agency (e.g. another CASA program, a volunteer center, college/university, Maryland Mentoring, state or county agency, etc.) Please name: _____

☐ Other (please specify: _____)

I certify that all information provided above is true. ☐

For office use only: Application Received: _____ Interview: _____