



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 II and III**

PART II: (Please print)

NAME _____ SEX _____ RACE _____

MARITAL STATUS _____ NUMBER OF CHILDREN _____

Do you have a valid Driver's License? YES NO

Have you ever had more than two points on your driving record? YES NO

Do you have a reliable automobile available to you? YES NO

List any other names you may have used (maiden name, previous marriages, etc.)

List all states where you have resided as an adult:

EDUCATIONAL HISTORY: (Circle highest completed)

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____

Degree: _____

School(s) Attended: _____ Date(s) Graduated: _____

WORK/VOLUNTEER HISTORY: (Use another sheet if necessary)

Employer/Address and Phone Number	Date Employed (Month/Year)	Job Position	Reason for Leaving

List any other current community activities and membership in clubs, church, other organizations:

Are you fluent in any language other than English? _____ If yes, please explain:

List your hobbies or special interests:

Do you have a police record? _____ If yes, date and type of offense:

Has there ever been an allegation of child abuse and/or neglect made against you?

AVAILABILITY:

CASA volunteers will be expected to attend Court hearings and other important day meetings when appropriate; will your schedule permit this? YES _____ NO _____

CASA volunteers will be asked to provide the Court with a written report on the progress of a child, will you be willing to do this? YES _____ NO _____

The average length of time spent on past cases has been 15 hours per month and the average length of time that CASA serves a child ranges between 13 and 18 months. Will you be willing to do this? YES _____ NO _____

PERSONAL REFERENCES: (If you are employed, one reference should be from your employer).

1. Name: _____

Address: _____

Telephone No.: _____ Relationship: _____

2. Name: _____

Address: _____

Telephone No.: _____ Relationship: _____

3. Name: _____

Address: _____

Telephone No.: _____ Relationship: _____

EMERGENCY CONTACT INFORMATION:

In case of an emergency, contact: _____

Telephone No.: _____ Relationship: _____

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the Harford County CASA Program to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA volunteer. I will discuss these matters with only those whose person directly involved in the case or who will be consulted for their professional knowledge and expertise.

Name (please print) _____

Signature _____

Date _____

PART III

Please answer the following questions in a paragraph form on this sheet.

➤ How did you become aware of CASA of Harford County?

➤ Please discuss why you would like to become a CASA?

➤ Discuss the strengths and knowledge you will bring to the CASA Program.