



**CASA**  
Court Appointed Special Advocates  
FOR CHILDREN

**Anne Arundel County Court Appointed Special Advocates, Inc.**

94 Franklin Street · 2nd Floor · Annapolis, MD 21401  
(410) 267-7877 · Fax (410) 267-9459 · www.aacasa.org

First name \_\_\_\_\_ Last name \_\_\_\_\_ MI \_\_\_\_\_

Home address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Gender:  Female  Male Date of birth \_\_\_\_\_

Home number \_\_\_\_\_ Cell number \_\_\_\_\_

Work phone number \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact (name) \_\_\_\_\_ Phone \_\_\_\_\_

Education  High school  GED  Some college  College  Post-graduate

Ethnicity  African-American  Asian-American  Caucasian  Hispanic  
 Native American  Other \_\_\_\_\_

Second language  Spanish  Other \_\_\_\_\_

Place of employment or school \_\_\_\_\_ Position \_\_\_\_\_

Employment status  Full time  Part time  Student  Not employed  Retired

Referred by  Community brochure  Word of mouth  Internet  Local newspaper  Local radio  
 NCASAA  Other \_\_\_\_\_

Please provide one professional, one personal and one family reference:

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

(3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Why do you wish to become a CASA volunteer?

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Describe any experiences you have had with the child welfare, foster care or juvenile court systems? \_\_\_\_\_

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Describe your previous volunteer experience \_\_\_\_\_

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Have you ever had a volunteer application rejected?  Yes  No

Explanation \_\_\_\_\_

Have you ever been asked to leave a volunteer program?  Yes  No

Explanation \_\_\_\_\_

Do you have a police record (including DUI)?  Yes  No Date of offense \_\_\_\_\_

Have there ever been allegations made against you for child abuse/neglect?  Yes  No

Outcome \_\_\_\_\_

Will your work schedule permit your attendance at Court during the day? \_\_\_\_\_

Are you willing to make a one year commitment? \_\_\_\_\_

Are you willing to travel outside of Anne Arundel County? \_\_\_\_\_

**My signature below signifies that I have read and understood the following statements:**

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved. I understand that my completed application

hereby becomes the property of Anne Arundel County CASA, Inc.

I understand the sensitive nature of the work of a CASA and, therefore, give my consent to Anne Arundel County CASA to make the following inquiries about my background to help determine my suitability as a Court Appointed Special Advocate.

- FBI/Criminal Background Check
- Reference Inquiries
- Driving Record Check
- Department of Social Service Check
- National Sex Offender Registry Check

AACCASA will reject any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse, neglect or related acts that would pose risks to children or the program’s credibility.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

**Please return this application to: CASA, 94 Franklin Street, Annapolis, MD 21401**

**PROGRAM USE ONLY**

I:\VOLUNTEER MANAGEMENT\Recruitment and Screening\Volunteer Application.doc

Date application received:

COMET:

Date: