



# HARFORD COUNTY TEEN COURT ADULT VOLUNTEER APPLICATION FORM

**When completed return with copy of your driver's license to:**

Teen Court, Office of Drug Control Policy, 125 North Main Street Bel Air, MD 21014,

Fax to 410-638-3329, or Scan and Email to [teencourt@harfordcountymd.gov](mailto:teencourt@harfordcountymd.gov).

Volunteers meet at 4:30 pm in Courtroom 2 of the Bel Air District Courthouse, 2 South Bond St.

PLEASE PRINT LEGIBLY:

Date of Application: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

(For Teen Court communications)

Telephone (Home) \_\_\_\_\_ Cell \_\_\_\_\_

How did you hear about the Teen Court program? \_\_\_\_\_

The following information is required in order to run a background check:

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

I would be interested in helping in the following area(s):

\_\_\_\_\_ I am interested in assisting Teen Court staff during the Thursday evening sessions

\_\_\_\_\_ I am interested in working with the peer jurors

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

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***Teen Court Coordinator Contact Information:***

***Tiffany Eckstein: 443-752-4217 teckstein@harfordcountymd.gov***

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Harford County Teen Court** at any time after receipt of this authorization and throughout my volunteer service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance to furnish any and all background information requested by National Background Investigation, Inc, PO Box 966, Stevensville, MD 21666, 800-798-0079 another outside organization acting on behalf of **Harford County Teen Court** itself. I agree that facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

Please Provide A Minimum 7 Years of Residential History

Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_  
(First, Middle, Last)  
DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Driver's License # and State: \_\_\_\_\_

1) Current Address: \_\_\_\_\_  
Street City State Zip  
Dates: From \_\_\_\_\_ To \_\_\_\_\_

2) Previous Address: \_\_\_\_\_  
Street City State Zip  
Dates: From \_\_\_\_\_ To \_\_\_\_\_

3) Previous Address: \_\_\_\_\_  
Street City State Zip  
Dates: From \_\_\_\_\_ To \_\_\_\_\_

By my signature below, I certify that the information provided on the above forms are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Print Last, First MI

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR TEEN COURT USE ONLY:

Check Alias Yes \_\_\_\_\_ No \_\_\_\_\_

1. Criminal Search: Current Address \_\_\_\_\_ 2. Criminal Search: Previous Address: \_\_\_\_\_ 3. Criminal Search: Previous Address: \_\_\_\_\_

Maryland Statewide \_\_\_\_\_ Maryland Traffic \_\_\_\_\_ Social Security Trace \_\_\_\_\_ MVR \_\_\_\_\_

Sexual Offender (where available) \_\_\_\_\_ Wants/Warrants \_\_\_\_\_ Credit Report \_\_\_\_\_ FACS Plus \_\_\_\_\_

Federal Criminal \_\_\_\_\_ Federal Civil \_\_\_\_\_ Bankruptcy \_\_\_\_\_ Workers' Compensation \_\_\_\_\_

Civil Judgment: Upper \_\_\_\_\_ Lower \_\_\_\_\_ Federal Tax Lien \_\_\_\_\_ State Tax Lien \_\_\_\_\_

Verification (Specify Number of Items): Education \_\_\_\_\_ License \_\_\_\_\_ Employment \_\_\_\_\_

**Application Page 2**

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***Tiffany Eckstein: 443-752-4217 [teckstein@harfordcountymd.gov](mailto:teckstein@harfordcountymd.gov)***

# HARFORD COUNTY TEEN COURT

**KEEP THIS PAGE FOR YOUR RECORDS**

Court sessions are held on the 1<sup>st</sup> Thursday of the month, September through June at the Harford County District Courthouse, 2 South Bond Street Bel Air, MD.

Volunteers report to Courtroom 2 at 4:30pm.

Teen Court follows the Harford County Public School policy for weather related and other closings.

Any postponements will be announced via email, Facebook (Harford County Teen Court), and by text alert (“Follow teencourtharco” to 40404)

## 2018/2019 TEEN COURT DATES

September 6-New Volunteer Training following court

October 4

November 1

December 6

January 3

February 7

March 7

April 4

May 2

June 6

\*Additional nights added as needed

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