



Volunteer Guardian Application

While this application may seem extensive, guardianship is a serious responsibility. The court requires much of the information requested.

Name: _____

Address: _____

City: _____ State: OH Zip Code: _____ - _____

Daytime Phone: _____ Evening Phone: _____

Fax: _____ Email: _____

Are you over 21? Yes No Date of Birth: ____ / ____ / _____

Social Security #: _____ - _____ - _____ Occupation: _____

Emergency Contact:

Name: _____ Relationship: _____

Daytime Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____

Volunteer Information:

1. How did you learn of the Volunteer Guardian Program?
2. Why do you want to serve as a guardian for someone with a mental disability?
3. Are you presently serving as a guardian, or representative payee?
 Yes No If yes, describe:
4. Do you speak another language other than English?
 Yes No If yes, please list:

5. Do you have physical, or mental conditions that may limit your ability to serve as a volunteer?

Yes No If yes, please explain:

6. Do you have access to reliable transportation?

Yes No If no, please explain:

7. Have you filed bankruptcy, been garnisheed, or been in receivership?

Yes No If yes, please explain

8. Have you ever been charged with, or convicted of a crime? (even if dismissed, but not expunged – it will show up on your fingerprint report.)

Yes No

If yes, please list charge(s):

Date of Arrest / Disposition:

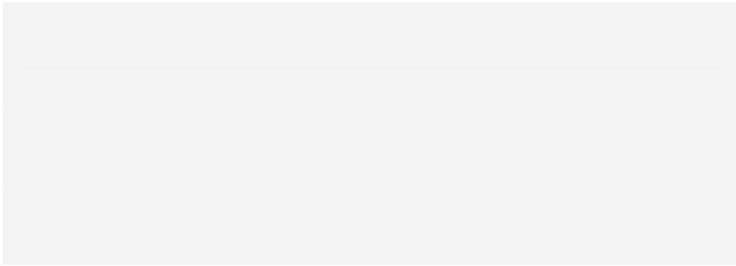
9. Describe specific skills / personal qualities you would bring to this experience:

10. List current community activities and memberships.

11. Describe your hobbies and special interests.

12. Is there a group, or specific gender that you are particularly interested in working with?
(check all that apply)

- People with MR/DD
- People with mental illness
- People with illnesses related to aging
- People with other mentally disabling illness
(i.e. stroke, TBI)
- Other
- No Preference
- Male
- Female
- No Preference



Education: Select the highest completed level for each

High School

College Graduate

Are you presently enrolled in school? Yes No
If yes answer below.

School _____ Course of Study _____

Work / Life Experience and Skills: Mark all that apply and describe briefly

<input type="checkbox"/> Education	<input type="checkbox"/> Art / Graphic Design	<input type="checkbox"/> Church work
<input type="checkbox"/> Social Work	<input type="checkbox"/> Counseling / Psychology	<input type="checkbox"/> Community outreach
<input type="checkbox"/> Writing	<input type="checkbox"/> Children's issues	<input type="checkbox"/> Public speaking
<input type="checkbox"/> Mental Health / Substance abuse	<input type="checkbox"/> Advertising / Public relations	<input type="checkbox"/> News / Media
<input type="checkbox"/> Medicine / Healthcare	<input type="checkbox"/> Law enforcement / Criminology	<input type="checkbox"/> Other Specify

Current Employer:

Company Name:					
Address:					
City:		State:		Zip Code:	-
Phone:		Position:			

Work and Volunteer History: List employers and / or projects starting with the most recent.

Start Date: _____

Job Volunteer

End Date: _____

Supervisor _____

Description of work:

Start Date: _____

Job Volunteer

End Date: _____

Supervisor _____

Description of work:

Start Date: _____

Job Volunteer

End Date: _____

Supervisor _____

Description of work:

Start Date: _____

Job Volunteer

End Date: _____

Supervisor _____

Description of work:

Personal References:

These individuals should be people who can vouch for your reputation and character. They must have know you for at least one year. Do not use relatives. **If you are employed, one reference must be from your employer.** Please let these people know that they are being used as a reference and will be contacted by the Volunteer Guardian Program. (Please give a complete name and address, including zip code, as we will be sending a reference request letter.)

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Length of time known: _____

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Length of time known: _____

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Length of time known: _____

Name: _____ Phone: _____
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City: _____ State: _____ Zip: _____
Relationship: _____ Length of time known: _____

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Length of time known: _____

Affirmation and Release of Information

(Please initial each statement.)

_____ I hereby affirm that all the answers provided on my volunteer application are true. I understand that if my BCII report indicates a record that I have not revealed it is grounds for automatic termination of my application.

_____ I authorize the *Volunteer Guardian Program* to investigate my background to determine my fitness as a potential volunteer. I understand that I will be fingerprinted and that there may be a fee for conducting the subsequent police background check(s). *Franklin County applicants – The fee is \$20 and must be paid at the time of my interview. (cash, or check made out to “City of Columbus”)

_____ I acknowledge and agree that I am not obligated by this application to perform the volunteer service, and that the *Volunteer Guardian Program* reserves the right to decline a candidate for any reason the program believes in its own judgment is not in the best interest of prospective wards.

_____ I understand that the information requested in this application will be used only for the purpose of determining my suitability as a *Volunteer Guardian Program* volunteer.

_____ I understand that after the successful completion of my training, I will be expected to sign a contract with the program and serve a minimum of one year. 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 also understand that the Probate Court process for accepting a resignation and appointing a successor guardian is a separate process.

_____ 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 volunteer guardian. I will discuss these matters only with those people directly involved with the case or who will be consulted for their professional knowledge and expertise.

Name (please print) _____

Signature _____

Date _____

Witness _____

Please return completed application to: COAAA / Volunteer Guardian Program
174 East Long Street
Columbus OH 43215
Fax 614-645-8923