

Volunteer Guardian Application



While this application may seem extensive, the court requires much of the information requested. It will be kept confidential. Our guardians do not handle money. They monitor medical care and quality of life and make decisions related to these areas. Two visits per month to the person being served is required as a guardian. No specific background is needed to be a guardian as you will attend training.

NOTE: Please use the tab key or your mouse to navigate to the next line (enter does not work). Use your mouse to check boxes.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell#: _____ Home#: _____ Email: _____

Street: _____ City: _____ Zip: _____

Date of Birth: _____ Age: _____ Occupation: _____

Emergency Contact: _____ Relation: _____ Phone#: _____

Have you lived in Ohio for 5 years? YES NO

If not in Ohio for 5 years, please provide full the address where you last resided:

General:

1. How did you learn of the Volunteer Guardian Program?

Online COAAA Website Friend I've encountered guardians in my work Other

2. Do you have experience acting as a power of attorney or guardian for anyone? Yes No
Explain:

3. Do you have any challenges or chronic medical conditions (including physical, mental health or substance abuse) that may impact your ability to visit your person? Yes No
Explain:

4. List your current community activities and memberships, if any.

5. What is your biggest concern about becoming a volunteer legal guardian? (We can discuss/address this at the interview) Explain:

6. Are you able to commit to being someone's guardian for at least a year from the date you are legally appointed? YES NO

Transportation:

The following are related to your ability to fulfill the program’s requirement of 2 visits in person per month:

- 7. Do you have a valid driver’s license? Yes No
- 8. Do you have easy access to a reliable car: Yes No
- 9. Do you intend to make the required visits using a different form of transportation (other than personal car?)
 Yes No Please Explain:

Background Check will be required:

- 10. Are you willing to have your fingerprints taken (done at our office by appointment) to pursue this volunteer role? Yes No
- 11. Have you ever been charged with or convicted of a felony? Yes No
Explain:
- 12. Have you ever been charged with or convicted of anything other than minor traffic violations? This may not exclude you as a candidate but you should be willing to discuss the circumstances at the interview and with the attorney who will represent you at the guardianship appointment hearing. Yes No
Explain:
- 13. Have you had anything expunged from your record? YES NO:
Expunged records will show up on your print report in certain situations. Disclosure allows us to confirm that it is not a barrier to become a guardian.
- 14. If you answered yes to any of the questions related to charges please list the charge, approximate date and result/outcome:

Interest Areas: We serve ages 60+

15. Is there a specific demographic that you prefer to work with? Check all that apply.

- People with Developmental Disabilities
- People with mental illness, generally stable
- People with Dementia or similar brain impairment
- People with other mentally disabling illness (i.e. stroke, traumatic brain injury, Parkinson’s)
- I would be comfortable working with anyone

• Is it important to you that the person you work with can interact with/communicate with you? YES NO
Explain (optional):

• Do you have an area of town preference? YES NO

If yes, list geographical area of preference/area of town:

• Do you have a gender preference of who you work with? Male Female No Preference

Do you have a distance from home or work preference? YES NO

Explain geographic preference:

Education – Check all that Apply

- High School: (Name/city): _____
- College (Name): _____ Area of Study: _____
- Post College (Name): _____ Area of Study: _____
- Presently enrolled at: _____ Area of Study: _____

If you are currently taking classes, do you feel like you have the time to devote to being a guardian while you are in school (2 Visits a month/ Phone calls?) YES NO

Work / Life Experience and Skills: Mark all that apply

<input type="checkbox"/> Education	<input type="checkbox"/> Counseling/Psychology	<input type="checkbox"/> Family Care Giver for (list relationship):
<input type="checkbox"/> Social Work	<input type="checkbox"/> Business	
<input type="checkbox"/> Writing	<input type="checkbox"/> Physical Impairment Experience	<input type="checkbox"/> Coach
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Church Work	<input type="checkbox"/> Other Volunteer work
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Medicine/Healthcare	<input type="checkbox"/> Nursing	<input type="checkbox"/> Sign Language

Any other life or professional experience that might help you in the role of advocacy for an older adult?
Briefly Explain:

Current Employer OR If retired list last employer & approximate date of retirement

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Current Position or retired from position: _____
Approximately how long have you worked here **OR** Year you retired: _____
Basic Description of Work: _____

Previous Employer: Please answer if less than 1yr in current position or Retired less than 1yr

Company: _____
Approx. Start Date: _____ Approx. End Date: _____
Basic Description of work: _____

Personal Character References: PLEASE PROVIDE ALL 5 REFERENCES –

- They must have known you for a least one year.
- Do not use relatives.
- Please let these people know they are being used as a reference and will be contacted by email coming from COAAA-Volunteer Guardian Program.

*****Please Type or Print Neatly*****

One reference must be from employer, if employed.

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

Affirmation and Release of Information: (please initial each statement after reading)

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

_____ I acknowledge that I am not obligated by this application to become a volunteer guardian. The application and interview are designed to help me make that decision.

_____ 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, the program or the individual making application.

_____ I understand that the information requested in this application will be used for the purpose of determining my suitability as a *volunteer guardian program* volunteer and to complete my guardian application to the court.

_____ I understand that training is required: I agree to complete the 6-hour training requirement and the 3 hours of continuing education needed during my service.

_____ Once appointed, I agree to serve a minimum of one year for my person. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program case managers with as much advance notice as possible to give the program sufficient time to find a qualified and appropriate successor guardian.

_____ I understand that once appointed by a court, I am the legal guardian of my person until a new guardian is appointed by the court or my person dies. This means that I need to keep looking out for my persons best interests by receiving and responding to calls about my person from the program and the place where my person resides, until the court appoints my replacement.

_____ I understand that if my health or mental capacity declines or if fail to follow the program's rules or the guardianship standards taught in training, the Volunteer Guardian Program may seek my removal as legal guardian.

_____ Because I will not be guardian of finances, when I sign a document as guardian, I will always follow my signature with "Medical Guardian" or another phrase that indicates to anyone reading the document that I am not taking on financial responsibility. Case managers are available to review anything you are asked to sign while you are guardian if you are unsure.

_____ I understand that the volunteer guardian program uses case managers to support the volunteer. It is my responsibility to contact a case manager when I have questions or need assistance, and I agree to complete/return ALL reports in a timely fashion so the case managers & court can be up to date on my person's situation. Failure to do so may be cause for removal.

_____ I agree to visit my person 2 times a month. If I cannot meet that obligation for more than one month, I will contact the case manager and seek a waiver. The outcome of modification requests will depend on the needs and best interest of your person and may be considered for your health reasons, travel or family situation but depends on the totality of the circumstances including how long you have been guardian.

_____ I acknowledge that as a volunteer guardian I represent my person and the program. I agree to conduct my duties to both in a professional & respectful manner.

_____ I will keep sensitive information about my person confidential unless disclosure is needed to secure professional services.

Name (please print): _____

Signature: _____

Date: _____

Please return completed application to: COAAA/Volunteer Guardian Program
3776 South High St
Columbus, OH 43207
Fax: 614-645-1928
Email: jmoog@coaaa.org or whux@coaaa.org

Upon receipt of your application, we will contact you to arrange an interview. Thank you