



Guardian Angel Volunteer Application

Name: _____ Social Security #: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: ___/___/___

Daytime phone: _____ Evening phone: _____

Email: _____

Date of Birth: ___/___/___

Emergency Contact

Name: _____ Relationship: _____

Daytime phone: _____ Evening phone: _____

| |
|--|
| 1. How did you hear about the Guardian Angel Volunteer Program? |
| 2. Why do you want to serve as a guardian? |
| 3. Are you presently serving as a guardian or representative payee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: |
| 4. Do you speak another language other than English (including ASL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: |

| |
|--|
| <p>5. Do you have a physical or mental condition that may limit your ability to serve as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p> |
| <p>6. Do you have access to reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:</p> <p>7. Describe specific skills/personal qualities you would bring to this experience:</p> |
| <p>8. List of current community activities and memberships:</p> |
| <p>9. Can you commit to serving as a Guardian for at least two years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

Employment and Volunteer History

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|---|
| Current Employer: _____ |
| Address: _____ City: _____ |
| State: _____ Zip: _____ Length of time in position: _____ |
| Work phone: _____ Position: _____ |
| Supervisor Name: _____ Supervisor phone: _____ |

List other employers and/or volunteer projects starting with the most recent:

| | | |
|----------------------|------------------------------|------------------------------------|
| Position: _____ | <input type="checkbox"/> Job | <input type="checkbox"/> Volunteer |
| Start date: _____ | End date: _____ | |
| Supervisor: _____ | | |
| Description of work: | | |
| | | |
| Position: _____ | <input type="checkbox"/> Job | <input type="checkbox"/> Volunteer |
| Start date: _____ | End date: _____ | |
| Supervisor: _____ | | |
| Description of work: | | |
| | | |
| Position: _____ | <input type="checkbox"/> Job | <input type="checkbox"/> Volunteer |
| Start date: _____ | End date: _____ | |
| Supervisor: _____ | | |
| Description of work: | | |
| | | |

Personal References: PLEASE PROVIDE ALL 5 REFERENCES

These individuals should be people who can vouch for your reputation and character. They must have known 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 Guardian Angel Volunteer Program. (Please complete name and address, including zip code as we will be sending a reference request letter.)

| | |
|---|---|
| Name: _____ Email: _____ Relationship: _____ Length of time known: _____ | Address: _____ City: _____ State: _____ Zip: _____ |
| Name: _____ Email: _____ Relationship: _____ Length of time known: _____ | Address: _____ City: _____ State: _____ Zip: _____ |
| Name: _____ Email: _____ Relationship: _____ Length of time known: _____ | Address: _____ City: _____ State: _____ Zip: _____ |
| Name: _____ Email: _____ Relationship: _____ Length of time known: _____ | Address: _____ City: _____ State: _____ Zip: _____ |
| Name: _____ Email: _____ Relationship: _____ Length of time known: _____ | Address: _____ City: _____ State: _____ Zip: _____ |

Affirmation and Release of Information: Please initial each statement

_____ I hereby confirm 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 *Guardian Angel Volunteer* 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).

_____ I acknowledge and agree that I am not obligated by this application to perform the volunteer service, and that the *Guardian Angel Volunteer* program reserves the right to decline a candidate for any reason the program believes, in its own judgement, 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 *Guardian Angel* 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 materials 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: _____

Please return completed application to:
Guardian Angel Volunteer Program
Life Essentials
40 South Perry Street
Dayton, OH 45402
Email: HomeOffice@LifeEssentials.org

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