

Union County Volunteer Guardian Program

Volunteer Guardianship Application

Personal Information

Name _____ Date _____

Maiden Name or
Nickname _____

Address _____

Length of time at current address _____ Number of years you have lived in Ohio _____

Home Phone# _____ Bus. Phone# _____

Cell Phone# _____ E-mail address _____

Date of Birth _____ Soc. Sec. No. _____

Occupation _____

What is the highest level of education that you completed? _____

Please list any colleges, degrees held, continuing education, special training,
etc. _____

Do you speak a foreign language? _____ If yes, which language(s)? _____

Can you communicate using sign language? _____

What amount of time can would you be able to devote as a
guardian? _____

Describe your hobbies and special
interests _____

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Describe any specific skills and/or personal qualities you feel would be helpful to you as a volunteer guardian.

Do you have any physical or mental conditions that may limit your ability to serve as a volunteer guardian? If yes, please explain.

Do you have a valid Ohio driver's license? _____

License number? _____ Expiration date _____

Do you own a car? _____ If not, do you have access to reliable transportation? _____

Do you have auto liability insurance coverage? Y N

(If yes, please attach a copy of the policy declaration page-Please note, Volunteers are required to have automobile insurance with liability limits of at least \$300,00 combined single limit or split limits of \$100,000/\$300,000.)

Have you ever been convicted of a felony or a crime involving theft, physical violence, or sexual, alcohol, or substance abuse? _____ If yes, explain (what, when, where, etc.)

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Employment Information

Current Employer _____

Address _____

Phone Number _____

Employed from _____ to _____

Describe your position and your responsibilities

Previous employer _____

Address _____

Phone Number _____

Employed from _____ to _____

Describe your position and your responsibilities

All applicants will be considered regardless of race, color, religion, national origin, sex, or marital status.

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References

Please provide us with five references (over the age of 18 years old). At least two of the references should be business, professional, or clergy (non-family members, please). Please notify your references so that they will expect our communication with them.

Name _____ Phone# _____

Address _____

Relationship _____

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Volunteer Experience

Why are you interested in volunteering to become a guardian in our program?

Please list any professional, personal, and/or volunteer experiences working with the elderly, the mentally ill, or the mentally disabled.

List any other volunteer experiences, if any:

How did you hear about the Volunteer Guardianship Program?

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I, _____ hereby state that the information provided by me in this application is true and accurate to the best of my knowledge and ability and understand that this information will be used for the sole purpose of determining my suitability as a volunteer guardian. I am granting the Union County Volunteer Guardian Program permission to contact references, employers (current and/or previous) and to complete a law enforcement agency and a Bureau of Motor Vehicles background check, including being fingerprinted, as part of the selection process for volunteer guardian participation.

I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation in the volunteer guardianship program. I understand that if I am injured, I am responsible for my health care costs and I agree to release the Union County Volunteer Guardian Program, Inc, its Board of Trustees, officers, agents, employees, volunteers or students from any and all claims for injury or illness resulting from my participation in the program.

I further understand that the clients of the Union County Volunteer Program entrust important information to the agency and the relationship between the client and the agency requires that we maintain their confidentiality. This fosters respect and trust. By volunteering for the agency, I am agreeing to maintain the confidentiality of our clients while part of Volunteer Guardian Program and as well as after I leave. Any violation of confidentiality seriously injures the Program's reputation and effectiveness.

Finally, I acknowledge and agree that I am not obligated by this application to perform as a guardian and that the Volunteer Guardianship 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 upon 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.

Signature _____ Date _____

Thank you for your interest in serving as a volunteer guardian. Once completed, please return this application to Sally Leatherman, Executive Director, Union County Volunteer Guardian Program, 18000 State Route 4, Suite D132, Marysville, Ohio 43040