



Application for
Volunteer Guardianship
Volunteer Friend
Volunteer Court Visitor

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 would you be able to devote as a volunteer? _____

Describe your hobbies and special interests



Personal Information (continued)

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

Do you have any physical or mental conditions that may limit your ability to serve as a volunteer? Y N 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. [Please note if there is a financial hardship you can be reimbursed for the difference in insurance amounts.])

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.)



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.

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 _____

Name _____ Phone# _____

Address _____

Relationship _____

Name _____ Phone# _____

Address _____

Relationship _____

Name _____ Phone# _____

Address _____

Relationship _____

Name _____ Phone# _____

Address _____

Relationship _____

Volunteer Experience

Why are you interested in volunteering 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, Friend or Court Visitor Program?
