

**VOLUNTEER APPLICATION
GUARDIAN AD LITEM PROGRAM**

DATE:

PERSONAL DATA			
Name:		Address:	
Home:	Work:	Fax:	
Cell:	Pager:	E-mail:	
Social Security #:	DOB:	Gender:	Language spoken:
Place of Birth:		How long at current address:	
List previous addresses in the last five (5) years:			
Marital Status: Married _____ Single _____ Divorced _____ Widowed _____			
If married, please give spouse's name and occupation below:			
Name:		Occupation:	
Child(ren) Name	D.O.B.	Gender	Living in Home
Other members of household Name:	D.O.B.	Relationship	

EMPLOYMENT HISTORY			
Name of present or last employer/volunteer project:		Address:	
Job Title:	Dates:	Supervisor:	
Brief description of work:			
Name of previous employer or volunteer project:		Address:	
Job Title:	Dates:	Supervisor:	
Brief description of work:			
Are you currently; employed _____ retired _____ between jobs _____ other _____			

EDUCATION AND INTERESTS					
Are you presently enrolled in school? Yes ____ No ____					
If so, name of school and course of study:					
SCHOOLS	NAME	MAJOR/COURSE OF STUDY	HIGHEST LEVEL COMPLETED		DIPLOMA/DEGREE
HIGH SCHOOL			9	10	11 12
COLLEGE			1	2	3 4
GRADUATE			1	2	3 4
Check any category with training or experience:					
__ Medicine	__ Law Enforcement	__ Advertising	__ News Media	__ Education	
__ Criminology	__ Writing	__ Arts or graphics	__ Public Speaking	__ Social Work	
__ Child Development	__ Public Relations/ Advertising	__ Drug/Alcohol Programs	__ Counseling	__ Mental Health	

Please describe:
Hobbies/Special Interests:
List other current community activities and membership in clubs, churches, previous volunteer experiences , and/or other organizations.

GENERAL INFORMATION	
Driver's License No.:	Insurance Company:

(PLEASE ENCLOSE A COPY OF YOUR DRIVER'S LICENSE AND YOUR AUTO INSURANCE IDENTIFICATION CARD).

Have you ever been arrested for a crime: Yes ___ No ___		If yes, what charge?
Date of arrest:	Where?	
Date of disposition:	What was your plea?	What was the outcome?
Have you ever had a permanent injunction for domestic violence entered against you? Yes ___ No ___		
Have you ever had a finding of abuse, neglect or abandonment of a child or adult entered against you or a family member? Yes ___ No ___		
Can you think of any reason why a judge may be reluctant to have you serve as a Guardian ad Litem? Yes ___ No ___		
If so, please explain:		

Do you currently take medication or use any drug(s), which might interfere with or hinder your driving and/or interviews as a Guardian ad Litem? Yes ___ No ___

When would you be available for volunteer service? Check times.							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How much time can you contribute weekly as a Guardian ad Litem volunteer?

REFERENCES

List three (3) references who know you well and would be in a position to evaluate your qualifications and ability to be a Guardian ad Litem. Please DO NOT list mere acquaintances or relatives. One of the references should have known you over five (5) years, and the other two (2) for at least two (2) years. If you have been employed for a least one (1) year, we ask that you list your employer in place of one (1) of the two-year references. Thank you for taking time to fill out this application and we hope to see you at our upcoming training sessions.

1. Name:	Mailing Address:	
Telephone:	Length of time known:	In what capacity:
2. Name:	Mailing Address:	
Telephone:	Length of time known:	In what capacity:
3. Name:	Mailing Address:	
Telephone:	Length of time known:	In what capacity:

AFFIRMATION AND RELEASE

PLEASE INITIAL:

_____ I understand that it will be necessary for the Guardian ad Litem Program to investigate my background, character references, and that as a part of the screening process, a criminal record check will be conducted.

_____ I also understand that it may be necessary to obtain information concerning my psychological, psychiatric, or medial history, or any other information which might have bearings on my ability to serve as a volunteer.

_____ I have read the above, understand its contents, and give my consent to release that information which might have bearing on my ability to serve as a Guardian ad Litem volunteer.

_____ I hereby affirm that all of the answers provided on this application are true. I understand that it is a misdemeanor of the first degree, punishable as provided in S.775-082 or S.775.083, for any person to willfully, knowingly, or intentionally fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for a volunteer position, any material fact used in making a determination as to the applicant's qualifications for such position.

_____ I hereby authorize the Guardian ad Litem to investigate my background to determine my fitness a

potential volunteer.

_____ **I understand that the circuit director shall have the sole discretion to accept or reject any application.**

_____ **I understand that the information requested in this application will be used only for the purpose of determining my suitability as a Guardian ad Litem volunteer. The information contained in this application is confidential pursuant to 2.051, Florida Rules of Judicial Administration.**

_____ **I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the Guardian ad Litem Program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the circuit director with as much advance notice as possible.**

_____ **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 ad Litem.**

Signature of Applicant:	Date:
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CONSENT FOR LAW ENFORCEMENT RECORDS CHECK

TO WHOM IT MAY CONCERN:

I hereby authorize a records check, for the purpose of providing my background information to the Guardian ad Litem Program.

I hereby authorize the said law enforcement agency to release this information to a representative of the State of Florida Guardian ad Litem Program.

Full Name:		Maiden Name:	
Address:		Previous State of Residence:	
SS#:	D.O.B.:	Race:	Gender:

SIGNATURE:

AUTOBIOGRAPHY

YOU MUST SUBMIT AN AUTOBIOGRAPHY, TELL US ABOUT YOURSELF. IT DOES NOT HAVE TO BE 20 PAGES LONG, JUST LONG ENOUGH TO SAY SOMETHING ABOUT YOU, WHERE YOU GREW UP ...FAMILY ...SCHOOL ...LIKES ...DISLIKES ...WHERE DO YOU WANT TO BE ...WHAT DO YOU WANT TO DO ...ETC. THE AUTOBIOGRAPHY MUST BE RETURNED WITH APPLICATION.

ATTENTION: PERSONS WITH DISABILITIES. In accordance with the Americans With Disabilities Act, persons with disabilities needing special accommodations to participate in this function should contact the GUARDIAN AD LITEM PROGRAM, no later than five (5) days prior to the in-service or training. Thank you.