

ADA COUNTY BOARD OF COMMUNITY GUARDIANS  
 ADA COUNTY COMMISSIONERS  
 200 W FRONT ST Room 2210  
 BOISE, ID 83702

APPLICATION  
 FOR  
 BOARD MEMBER OR VOLUNTEER GUARDIAN

Name (Last, First, Middle): _____			Sex: _____		Date: _____	
Address: _____		City _____		St _____	Zip _____	
Telephone Numbers: Home _____		Work _____		Cell _____	Fax _____	
E-Mail Address _____			Who referred you to us? _____			
How Long Have You Been in the Area? _____						

Why do you wish to be a volunteer guardian? \_\_\_\_\_  
 \_\_\_\_\_

If you are volunteering for a specific person, please list name of person: \_\_\_\_\_

Are you presently employed? \_\_\_\_ Yes \_\_\_\_ No Occupation \_\_\_\_\_

If yes, where? \_\_\_\_\_

Address \_\_\_\_\_

Please list any prior volunteer positions:

Date	Volunteer Position	Duties

Education: \_\_ Elementary School \_\_ Vocational/Technical Training \_\_ High School \_\_ College \_\_ Graduate

Would you prefer to be a volunteer for an elderly person (Y / N) or a disabled person (Y / N)? Please circle.

Have you received any volunteer training? \_\_\_\_ Yes \_\_\_\_ No

If Yes, when? \_\_\_\_\_ What was the subject? \_\_\_\_\_

How many hours daily would you be available? \_\_\_\_\_

In the past or currently, have you been a guardian, volunteer or otherwise, for any other person? If so, was this for a family member or for an unrelated party? Please list: \_\_\_\_\_

Can you furnish transportation for others? \_\_\_ Yes \_\_\_ No

If yes, is your automobile insured for legal recommended minimum liability? (\$5,000 property damage, \$10,000 personal injury: \_\_\_ Yes \_\_\_ No What is your automobile license number? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

Please list your skills, interest, hobbies, and community activities: \_\_\_\_\_

Do you speak any languages other than English? \_\_\_ Yes \_\_\_ No

If yes, what language(s)? \_\_\_\_\_

In case of emergency, whom should we notify?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Idaho Code requires the board contact three (3) references that can attest to your capabilities and commitment to volunteerism. Please list below those references. The Board will contact them by mail.

Name	Address	Phone

How soon would you be available? \_\_\_\_\_

Please return this form to:

Ada County Board of Community Guardians  
200 West Front St Room 2210  
Boise, ID 83702  
Phone 208-287-7977  
Fax 208 287-5811

*Board Members* are appointed by the Ada County Commissioners. The board meets the 2<sup>nd</sup> Wednesday of each month at noon in the Ada County Courthouse, however a member may have cases that require several hours.

*Volunteer Guardians* are appointed by the Ada County Board of Community Guardians, usually have more than one case and the hours will vary according to the needs of the ward.