

Volunteer Guardian Application

The information provided in this application is exclusively for use by the Board of Community Guardian and staff to determine eligibility for volunteer guardians and will not be shared with any other individuals or agencies.

I. Personal Data

Legal name _____
Date of Birth _____
Address _____
City _____
Zip Code _____ Cell phone _____
Home phone _____ Work phone _____
Email _____

EDUCATION: Note highest level of education

Secondary Language or Communication Skills (brail, sign language etc.)

II. Work History

Beginning with your current or most recent employment, list your last three employers.

Employer _____
Position Held _____
City/State _____ from _____ to _____

Employer _____
Position Held _____
City/State _____ from _____ to _____

Employer _____
Position Held _____
City/State _____ from _____ to _____

III. Volunteer Information and History

Please discuss why you are interested in becoming a volunteer guardian.

Describe previous and current volunteer and community activities in which you have participated.

Are you currently serving or have you ever served as guardian, conservator, payee, power of attorney or durable power of attorney for health care decisions? If yes, please explain.

Note preferences and interests regarding whom you want to help. Check all that apply.

Male Female No preference
 Persons with aging related illnesses or symptoms

Identify immediate family member(s) employed by a company or organization that provides individuals with services and supports (i.e. nursing home, guardianship services, home health etc.). Please list information below.

Name of family member

Relationship

Company

IV. Personal and Financial Background Information

Have you ever been charged and/or convicted of a crime other than a minor traffic offense? If yes, provide dates and specific information.

Have you ever been involved with, charged and/or substantiated in a Social and Rehabilitation Services (SRS) investigation of abuse, neglect, or exploitation of a child or an adult? If yes, provide dates and specific information.

Have you or your spouse ever filed for bankruptcy? If yes, provide dates and specific information.

Can you furnish your own transportation? Y N
Is your car insured? Y N License plate # _____

Do you suffer from any physical or mental ailments that could potentially prevent you from performing your duties as a volunteer guardian? If yes, please explain.

V. Self-Assessment

Rate yourself in each category.

5= excellent 4=good 3=unsure 2= average 1= below average

The BOCG seeks volunteers who are compassionate, caring and able to serve as personal advocates.

- Act responsibly and appropriately to the needs of others
- Interact with people of differing background, culture, race and opinion
- Interact with persons with mentally disabling conditions

The BOCG seeks volunteers who are dependable and keep their commitments.

- Personal integrity and honesty Self-initiative
- Independent and assertive Work with limited supervision
- Fulfill commitments in a timely manner
- Finish reports/paperwork in a timely manner

The BOCG seeks volunteers who are able to make wise and appropriate decisions regarding another person.

- Eager to learn new information
- Follow guidelines and procedures
- Make well reasoned decisions
- Pay bills in a timely manner

Describe your skills and experiences that may be relevant to serving as a volunteer guardian.

In signing below, I verify the information provided to be true and accurate.

Signature _____ Date _____

VI. References

Please provide information for 3 people you have known for at least one year. DO NOT USE RELATIVES. Please notify the listed references to expect contact from the Board of Community Guardians.

Name _____ Phone Number _____
Length of time known _____ Relationship _____
Address _____

Name _____ Phone Number _____
Length of time known _____ Relationship _____
Address _____

Name _____ Phone Number _____
Length of time known _____ Relationship _____
Address _____