

Volunteer Guardian Application



While this application may seem extensive, the court requires much of the information requested. It will be kept confidential. Our guardians do not handle money. They monitor medical care and quality of life and make decisions related to these areas.

NOTE: Please use the tab key or your mouse to navigate to the next line (enter does not work). Use your mouse to check boxes.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Cell #: _____ Work #: _____
Home#: _____ Email: _____
Are you over 21? _____ Date of Birth: _____
Social Security #: _____ Occupation: _____

Spouse, if any: (Court asks this on forms): If no spouse, list emergency contact:

Name: _____ Month/Year Married: _____
Cell #: _____ Home #: _____

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1. How did you learn of the Volunteer Guardian Program?
 2. Why do you want to serve as a guardian for someone with a disability?
 3. Are you presently serving as a guardian or representative payee?
 Yes No
If yes, describe:
 4. Do you have medical issues (including physical, mental health or substance abuse) that may impact your ability to serve as a volunteer guardian of another person?
 Yes No

5. Do you have access to reliable transportation? (2 visits per month with your person are a requirement of the program.)

Yes No

If not, please explain:

6. Have you ever been charged with or convicted of a crime? This may not exclude you as a candidate but you should be willing to discuss the circumstances at the appointment hearing. A fingerprint report is required by the court at the time of filing. We can talk to you about this at your interview.

Volunteers that interview in the office, fingerprinting will be done following the meeting.

Yes No Expunged

If yes, please list charge(s):

Date of Arrest/Disposition:

7. List current community activities and memberships, if any.

8. Is there a group or specific gender that you are particularly interested in working with? Check all that apply. We use this to match you with someone you would enjoy helping.

People with MR/DD

Male

People with mental illness

Female

No Gender Preference

People with illnesses related to aging

Is distance a factor for you? Yes No

People with other mentally disabling illness
(i.e. stroke, traumatic brain injury)

If yes, list geographical area of preference/area of town:

People who cannot communicate
(i.e. it is not important to me that the person I help can acknowledge my efforts)

I would be comfortable helping any of the above

Education

High School: _____

College: _____ Graduate: Yes No Degree in: _____

Post College Study? _____ Degree in: _____

Are you presently enrolled in school? _____

If yes answer below

School _____ Course of Study: _____

Can you commit at a minimum of one year to the program? _____

Work / Life Experience and Skills: Mark all that apply and describe briefly

- | | | |
|--|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Art/Graphic Design | <input type="checkbox"/> Church Work |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Counseling/Psychology | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Children's issues | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Mental Health/Substance Abuse | <input type="checkbox"/> Advertising/Public Relations | <input type="checkbox"/> News/Media |
| <input type="checkbox"/> Medicine/Healthcare | <input type="checkbox"/> Law Enforcement/Criminology | <input type="checkbox"/> Other Specify |

Please briefly describe the anything checked above:

Current Employer:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work #: _____ Position: _____

Supervisor Name: _____ Supervisor phone# _____

Supervisor Email: _____

Work: List other employers if you have not been in your current position greater than 5 years. If you were a student for part of the 5-year history, list student and where. **Court papers ask for 5-year history; include schooling if full time student during this time. No need to list employment more than 5 years back.**

Company: _____

Start Date: _____

End Date: _____

Description of work:

Company: _____

Start Date: _____

End Date: _____

Description of work:

Company: _____

Start Date: _____

End Date: _____

Description of work:

Company: _____

Start Date: _____

End Date: _____

Description of work:

Personal Character References: PLEASE PROVIDE ALL 5 REFERENCES (With Complete Addresses) – they must have known you for a least one year. Do not use relatives. Please let these people know they are being used as a reference and will be contacted in writing by the Volunteer Guardian Program.

Please Print Neatly

One reference must be from employer, if employed.

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Phone: _____ Length of time known: _____ Relationship: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Phone: _____ Length of time known: _____ Relationship: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Phone: _____ Length of time known: _____ Relationship: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Phone: _____ Length of time unknown: _____ Relationship: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Phone: _____ Length of time known: _____ Relationship: _____

Additional information that is needed for court forms:

Previous address dating back 5 years. (Only needed if you have NOT lived in your current residence >5 years)

1. _____ From: _____ to _____
2. _____ From: _____ to _____
3. _____ From: _____ to _____

Reminder: You will NOT be handling money; these questions are asked on court forms in the normal course of any guardianship in certain counties. No account numbers or values are needed.

Bank Name: _____

Type of Account: Checking: Savings: Other: _____

Bank Name: _____

Type of Account: Checking: Savings: Other: _____

Have you ever: (yes or not to each): **Because our guardians do not handle money, the answers to the money related questions below do no impact our program. If you have been convicted of a felony, please call us to discuss when, what and special circumstances. We can help you decide if it will impact your application to the court?**

Filed for Bankruptcy? _____

Been Garnished? _____

Been in Receivership? _____

Been Convicted of a Felony? _____ Explain: _____

Had experience in handling Marketable Securities? _____

Affirmations Required by the COAAA Volunteer Guardian Program (VGP):

Directions: Read and Initial each statement

_____ I affirm that the answers provided to VGP on this application are true.

_____ I acknowledge that VGP may refuse my application for any reason including but not limited to: information revealed on my BCII report, to protect the best interest of the people served by VGP or the program itself and insufficient/unfavorable references.

_____ I understand that Ohio Supreme Court Rule 66 requires training of guardians: Initially there will be 6 hours of pre-service training on guardianship. Each year after I'm appointed, I will need to complete 3 hours of training. The court tracks training per calendar year. VGP will either provide the training or give information on qualifying training to meet these requirements.

_____ Once appointed, I agree to serve a minimum of one year for my person. If, at any time circumstances require that I resign as guardian, I will submit my written resignation to the program case managers with as much advance notice as possible to give the program sufficient time to find a qualified and appropriate successor guardian.

_____ I acknowledge that notification of intent to resign does not terminate my duty to my person or the court. I am the legal guardian/conservator until my successor is appointed by the court. I will remain available by phone (at a minimum) to VGP, my person and providers to provide support and consent until the successor is appointed.

_____ VGP teaches guardians their role using the National Guardianship Association standards for best practice along with VGP program rules for serving individuals using volunteers. Failure to follow these standards/rules may be cause for VGP to involve the local probate court as the superior guardian to seek the volunteer's removal.

_____ I understand that as a volunteer legal guardian, the program does not allow me to house my person, act as a direct service provider, be their representative payee, consent to experimental treatment or donate their body to science except in cases where the person under guardianship made the arrangements prior to getting a guardian. I will strive to discover and honor my person's values and religious beliefs.

_____ I am aware that VGP case managers are available to provide guidance on all issues guardians encounter. I will contact a case manager with questions or concerns about my duties. I will complete all program required forms/reports so that the case managers can keep me in compliance with program and court rules. Failure to respond/complete forms/reports is cause for removal at the discretion of the program and the court.

_____ I will respect my person's privacy which includes not using their last name, health conditions, personal information and location on social media.

_____ I acknowledge that as a volunteer guardian, I represent the program in the community. I will be respectful and appropriate when communicating with individuals who are working with or on behalf of my person.

Signature: _____

Date: _____