



VOLUNTEER APPLICATION

Thank you for your interest in the Guardian ad Litem Program and advocacy for abused, abandoned, and neglected children. The Program will use the information on this application form to assess your qualifications to serve as a volunteer guardian ad litem and conduct a security background investigation, including a criminal records check. Please read the directions carefully and complete all sections of this form as thoroughly as possible. When you complete the application, please return it to your local GAL office along with a copy of your driver's license or photo I.D. and three completed reference forms. If you have any questions, please feel free to contact the Seminole County GAL office at 407-665-5370.

Please be aware that Florida has a very broad public records law and this application will be considered a public record. There are provisions in the Florida Statutes that enable the Program to protect certain information collected on this form, but if there is information that you are not comfortable providing, please speak to the circuit director at your local office to determine whether the information is critical to process the application.

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Primary Language _____

E-Mail _____ Secondary Language _____

How long have you lived at your current address?
From: _____ To: _____

City State ZIP Code

Do you have the ability to arrange for transportation to attend hearings and visits with your assigned child? YES NO

EMPLOYMENT HISTORY - Within the Last 5 Years with the Most Recent First

Company: _____ Phone: _____
Supervisor

Address: _____ Phone: _____

Job Title: _____

Responsibilities _____

From: _____ To: _____

Florida Guardian ad Litem Program

Volunteer Application



Company: _____ Phone: _____

Address: _____ Supervisor _____

Phone: _____

Job Title: _____

Responsibilities _____

From: _____ To: _____

May we contact your supervisor for a reference? YES NO



Company: _____ Phone: _____

Address: _____ Supervisor _____

Phone: _____

Job Title: _____

Responsibilities _____

From: _____ To: _____

May we contact your supervisor for a reference? YES NO



VOLUNTEER EXPERIENCE

Organization: _____ Phone: _____

Address: _____

Role / Duties: _____

Dates of Service: _____

From: _____ To: _____



Organization: _____ Phone: _____

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Role / Duties: _____

Dates of Service: _____

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Role / Duties: _____

Dates of Service: From: _____ To: _____

TRAINING / EXPERIENCE

Please check any category which you have training or experience in:

- Advertising
- Counseling
- Education
- Mental Health
- Public Speaking
- Legal
- Arts or Graphics
- Criminology
- Law Enforcement
- News Media
- Social Work
- Disability Advocacy
- Child Development
- Drug/Alcohol Programs
- Medicine
- Public Relations/Advertising
- Writing (Grants, Business, Public Relations)
- Mentoring

List any experience you have working with children:

BACKGROUND INFORMATION

Have you ever been arrested for a crime? YES NO

If yes, what was the charge? _____

Date of Arrest: _____ Where? _____ What was the outcome? _____

Have you or an immediate family member ever been a party in or subject of **any investigation** involving an allegation of abuse, neglect or abandonment of a child? YES NO

If yes, please explain. _____

Have you or an immediate family member ever been involved in a **dependency** case? YES NO

If yes, please explain. _____

Have you ever been a **victim of abuse, neglect or abandonment** by a family or non-family member?

YES

NO

If yes, please explain.

Have you ever been a **party in a domestic violence case?**

YES

NO

If yes, please explain.

REFERENCES

List three (3) references who know you well and could 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 for at least five years, and the others for at least two years. **Use the last three pages for distribution; to be completed by your references, and returned with your application.**

Reference #1

Name: _____ Phone: _____

Address: _____

Length of Time Known _____

In What Capacity? _____

Reference #2

Name: _____ Phone: _____

Address: _____

Length of Time Known _____

In What Capacity? _____

Reference #3

Name: _____ Phone: _____

Address: _____

Length of Time Known _____

In What Capacity? _____

AFFIRMATION / RELEASE

PLEASE INITIAL:

____ I understand the Guardian ad Litem Program will investigate my background, character references, and that as a part of the screening process, a law enforcement records check will be conducted. I have read the above, understand its contents, and give my consent for the Guardian ad Litem Program to investigate my background and authorize release of 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 § 775.082 or § 775.083, Florida Statutes, 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 understand the circuit director has the sole discretion to accept or reject any application.

____ 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.

Signature: _____ Date: _____

SECURITY BACKGROUND/CRIMINAL RECORDS CHECK

It is necessary for the Program to collect your social security number to conduct a security background check. The Program will collect and utilize your social security number for this purpose only. Social security numbers contained in public records are protected from disclosure in § 119.071, Florida Statutes.

Full name:		Maiden name:	
Alias or Prior Names Used:			
Address:		Previous state of residence:	
Driver's License number:		Place of birth:	
SS#:	Date of Birth:	Ethnicity:	Gender:
<p>I hereby authorize a criminal records check, for the purpose of providing my background information to the Guardian ad Litem Program. I hereby authorize release of this information to a representative of the State of Florida Guardian ad Litem Program.</p> <p>SIGNATURE: _____</p>			

Completing this page is optional. The collection of this information is requested to aid the Guardian ad Litem Program in compiling statistical data. Refusal to answer will not result in adverse treatment of any applicant.

Gender

- Male
Female

Ethnicity

- African American, Asian American/Pacific Islander, Caucasian, Haitian, Hispanic, Latino, Multi-racial, Native American, Middle Eastern, Other

Highest Level of Education Completed

Form with checkboxes for YES/NO and lines for Name of School for High School/GED, Graduate Degree, and Completed Graduate Degree. Includes an 'Other' line.

Current Work Status

- Full Time, Part Time, Not Employed, Student, Retired, Other

How did you hear about the Guardian ad Litem Program?

Please check one:

- Billboard, GAL Website/Internet, Brochure, Flyer, Mailing, Magazine or Newspaper, Church, State Agency Referral, College or School, Television or Radio Ad, Corporation, Transfer From Another GAL Program, Family/Friend, Volunteer Fair, GAL Staff or Volunteer, Volunteer Referral Agency, Other



PERSONAL REFERENCE CHECK

_____ has applied to be a Guardian ad Litem volunteer. The Guardian ad Litem Program trains volunteers in the community to provide independent representation of the best interests of children in court proceedings. Your name was given as a personal reference and your input is being solicited as part of the Program's background check. If you need more space to answer a question, you may write on the back of this sheet or use a separate sheet of paper. **Please fill out this form and return (fax or mail) to the Guardian ad Litem office, attention Diane Klebanow, 190 Bush Boulevard, Sanford, Florida 32773; fax number: 407-665-5375 phone number: 407-665-5370**

Name of Person Giving Reference _____ Phone: _____

Address: _____

How long have you known this person? _____

Professionally or personally? _____

Have you ever observed this person with children? YES NO

If yes, what are your impressions of the interaction?

Would you recommend this person to work in a volunteer capacity with children alleged to be victims of abuse or neglect? Explain.

How do you describe this person's ability to work effectively with others?

SIGNATURE

DATE

PHONE NUMBER

Check here if you are interested in learning more about becoming a Guardian ad Litem



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