



Date Application Received: _____
Attended Info Session on: _____
Criminal History Completed on: _____
CPS History Completed on: _____
References Completed on: _____
Driver's License Received? <input type="checkbox"/> Yes
Interview Conducted on: _____ Time: _____
Interview Conducted By: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied

VOLUNTEER GUARDIAN AD LITEM APPLICATION FORM

PERSONAL INFORMATION

Full Legal Name _____	Date of Birth _____
Address _____	Soc. Security # _____
City/Zip _____	Sex _____ Race _____
Phone _____	Email _____
Business Name _____	Business Phone _____
Business Address _____	Fax _____
_____	May you be called at work? _____
Primary Language _____	Secondary Language(s) _____
How did you hear about Kids' Voice of Indiana? _____	
Name of Spouse (if married) _____	
Spouse's Occupation _____	Spouse's Employer _____
Emergency Contact Name & Relationship _____	
Relationship _____	Phone Number _____
Address and Phone of Emergency Contact _____	

Do you have any medical limitations or physical disabilities that might affect your ability to fulfill your volunteer responsibilities?

Name of Community, Professional or other Organizations you Belong To _____

Offices Currently or Previously Held _____

TRANSPORTATION

Do you have a valid driver's license? Yes _____ No _____

Is a car available to you? Yes _____ No _____

Insurance Company _____

Policy Number _____

WORK HISTORY

Present Employer: _____

Position: _____

Dates of Employment _____ Telephone _____

Address _____ City/State/Zip _____

Employer Contact/Supervisor _____ Telephone _____

Job Description _____

Previous Employer _____

Position: _____

Dates of Employment _____ Telephone _____

Address _____ City/Zip _____

Employer Contact/Supervisor _____

Supervisor Telephone _____ Company Fax _____

Job Description _____

EDUCATION/TRAINING/EXPERIENCE

High School Diploma Yes _____ No _____

High School & Year Graduated _____

College Diploma Yes _____ No _____

College/University and years attended _____

College Degree(s) held _____

Other Education/Training Programs Completed _____

Do you have any training and/or experience in any of the following area?

_____ art/graphics _____ child care _____ child development

_____ counseling _____ criminology _____ drug/alcohol abuse

_____ education _____ health care _____ law enforcement

_____ mental health _____ news media _____ psychology

_____ public speaking _____ social work _____ writing

_____ other please describe: _____

LEGAL HISTORY

Have you ever been arrested and/or convicted of a felony or misdemeanor (list all occurrences)? Yes ___ No ___

If yes, please explain _____

Have you ever been involved in a juvenile court case (as an adult or child)? Yes _____ No _____

If yes, please explain _____

MOTIVATION AND LIFE HISTORY INFORMATION

Please answer the following questions **in paragraph form** on a separate sheet of paper.

1. Write a **short summary** about your interest in volunteering and how you hope to benefit from this volunteer experience.
2. Briefly explain what led to your decision to apply for a volunteer position with the Guardian ad Litem program?
3. Briefly explain your philosophy of parenting, including the rights and responsibilities of both parents and children.
4. Briefly explain what role you believe society should play in
 - a. protecting the rights of children.
 - b. helping a family overcome hardships and remain living together as one unit.
5. Please write a **one page** autobiography.

REFERENCES

Please print the names and contact information of two individuals who have known you for at least **two years** and can address themselves to how you relate to children/people in general, and how well you could fulfill the responsibilities of a GAL. **Please do not include relatives or household members.** The Kids' Voice program staff will contact the references you list by email.

Name _____ Relationship _____

Email _____ Phone Number _____

Address _____

Name _____ Relationship _____

Email _____ Phone Number _____

Address _____

AFFIRMATION OF RELEASE

I, _____, hereby affirm that all the answers on this volunteer application for Kids' Voice are true to the best of my knowledge. I hereby authorize Kids' Voice to investigate my background to determine my fitness as a potential GAL volunteer. 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.

Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year or for as long as the children (or children) to whom I am assigned are under the court's jurisdiction. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program staff/Volunteer Coordinator as soon as possible.

I am aware of the sensitive and confidential nature of the official documents, reports and other materials I will examine in my capacity as a GAL volunteer. I promise that I shall hold in strict confidence all pertinent information. I will discuss the contents of these materials only with those persons who are parties to the case, their legal representatives, or those people who will be consulted due to their professional knowledge or expertise. I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this statement.

Signed _____ Date _____

Return completed form to:

Kids' Voice of Indiana
127 E. Michigan Street, Suite 500
Indianapolis, IN 46204
(317) 558-2870
(317) 558-2945 FAX
info@kidsvoicein.org

