

Date Application Received:
Attended Info Session on:
Criminal History Completed on:
CPS History Completed on:
References Completed on:
Driver's License Received?
Interview Conducted on: Time:
Interview Conducted By:
Approved Denied

VOLUNTEER GUARDIAN AD LITEM APPLICATION FORM

PERSONAL INFORMATION

Full Legal Name	Date of Birth
Address	Soc. Security #
City/Zip	Race
Phone	
Business Name	Business Phone
Business Address	Fax
Primary Language	
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 disabi	lities that might affect your ability to fulfill your volunteer

responsibilities?

Name of Community, Professional or other Organizat	ons 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		
Job Description		

High School Diploma Yes_____No _____

High School & Year Graduated _____

College Diploma YesNo		
College/University and years attended	db	
College Degree(s) held		
Other Education/Training Programs C	Completed	
Do you have any training and/or expe	rience 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)? Y	∕esN	√ 0
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 <u>confidential</u> 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

Kids' Voice

Authorization for Release of Limited Criminal and Driving Record History

APPLICANT: To determine eligibility for consideration of acceptance into the Kids' Voice GAL Volunteer Program it is required that a limited criminal and driving record history check be made on all applicants. We will request the following information: arrest date, offense, disposition and/or conviction, and official current status. This information will be kept confidential by the professional staff throughout the screening phase of the application process. Your application may be denied upon disclosure of a felony record. An existing non-felony record may or may not exclude you from consideration of acceptance.

I HEREBY AUTHORIZE KIDS' VOICE TO REQUEST AND RECEIVE A LIMITED CRIMINAL AND DRIVE RECORD HISTORY SUBJECT TO THE FOLLOWING CONDITIONS:

- 1. The purpose and need for disclosure is to determine eligibility for acceptance as a GAL volunteer by Kids' Voice.
- 2. The specific information to be disclosed is criminal history information.
- 3. Information will be released to the professional staff of Kids' Voice for initial consideration of acceptance.
- 4. Applicant's signature signifies the understanding that this consent is valid as long as he/she is an active applicant or participant in the GAL Program and expires only when he/she is no longer officially recognized as a program participant.

First Name	Middle Na	me	Maiden Name	Last Name
Current Residence:				
Street		City	State	Zıp
Social Security #:	Race:		_Date of Birth: _	
Past Residence:				
City	State	_County_		Inclusive Date
City	State	_County_		Inclusive Date
Signature:		_Date:		

info@kidsvoicein.org