

Volunteer Guardianship Program of Holmes County

Volunteer Application (please print)

Date _____ County of Residence _____

Name _____

Home Phone _____ Work # _____ Cell # _____

Address _____

Date of Birth _____ Email Address _____

Educational Background - please describe (6-8th grade education, HS graduate, college education) and list licensures (LSW, RN, etc.) _____

Do you speak a foreign language? If yes, please list _____

Are you a veteran? _____ A combat veteran? _____

Are you currently a guardian? If yes, please explain _____

Current Employment / Occupation _____

Please list any hobbies or interests you have _____

What inspired you to become a volunteer guardian? _____

How did you hear about our guardianship program?

How many hours a month are you willing to commit to the program?

- 5 hours 10 hours More than 10 hours

What skills do you have that you feel will help you in your role as a volunteer advocate for one of our program's wards? _____

Do you have a gender preference for a ward? Male Female Either

Have you ever been charged or convicted of a crime involving theft, physical violence, or sexual, alcohol, or substance abuse? (If applicable, state the date and place of each charge or conviction)

As part of the guardianship training process, you will be asked to complete a background check provided by our program. If you have already completed a criminal background check through your employer, please list the employer that would have this information on file.

X

X

Signature of applicant

Date

Completed applications may be scanned and sent to vgpholmes@yahoo.com, delivered to the Holmes County Probate office at the Courthouse, or mailed to: **Volunteer Guardianship Program
1 E Jackson St, STE 201
Millersburg, OH 44654**

The following section is reserved for the Program Coordinator

Application received	Completed training	First volunteer assignment