



## Volunteer Advocates Program Application

Date of Application \_\_\_\_\_

### PART 1 - PERSONAL INFORMATION

#### A. GENERAL HISTORY

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Gender \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

#### B. TRANSPORTATION

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

Do you have a car available to you?  Yes  No

Auto Insurance Company \_\_\_\_\_ Liability Limits \_\_\_\_\_

Auto Insurance Policy Number \_\_\_\_\_

#### C. EMPLOYMENT / VOLUNTEER WORK HISTORY

Present Employer \_\_\_\_\_ Date Started \_\_\_\_\_

Address \_\_\_\_\_ Title \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work # \_\_\_\_\_

Job Description \_\_\_\_\_

Previous Employer \_\_\_\_\_ Title \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work # \_\_\_\_\_

Job Description \_\_\_\_\_

Previous Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_

Address \_\_\_\_\_ Title \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work # \_\_\_\_\_

Job Description \_\_\_\_\_

#### **D. EDUCATION / TRAINING / EXPERIENCE**

High school attended \_\_\_\_\_ Graduation Year \_\_\_\_\_

I did not graduate.

College or technical/trade school \_\_\_\_\_ Graduation Year \_\_\_\_\_

Expected graduation year \_\_\_\_\_

I did not graduate.

College degree(s) and professional/trade

licenses held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other education/training programs

completed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check any of the following areas where you have training/work experience:

counseling

office administration

criminology/ law enforcement

- law
- public speaking
- education
- health care/nursing
- geriatric care
- psychology/ mental health
- social work
- writing
- news media

other area that might be helpful \_\_\_\_\_

If yes, describe \_\_\_\_\_

What other language(s) do you speak other than English? \_\_\_\_\_

**E. LEGAL HISTORY**

Have you ever been arrested, indicted or charged with a misdemeanor or felony offense?

Yes       No      If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony offense?

Yes       No      If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been charged or convicted of a DUI or reckless driving traffic offense?

Yes       No      If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved as a party in a probate court case?

Yes       No      If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been the subject of a child abuse, domestic violence or adult protective services investigation?

Yes       No      If yes, please explain \_\_\_\_\_

\_\_\_\_\_

## PART 2 - MOTIVATION AND LIFE HISTORY INFORMATION

On a separate sheet of paper please provide the following information and attach to this application.

- Write a short summary about your interest in volunteering and how you hope to benefit from your experience. Briefly explain what attracted you to this particular program.

## PART 3 - PERSONAL REFERENCES

Please print the names, addresses, and telephone numbers of three people who have known you for a minimum of two years. Do not include relatives. The references need to be individuals who can address how well you can fulfill the responsibilities of being a Volunteer Guardian. Our staff will contact the references by mail or e-mail.

Name \_\_\_\_\_ Daytime # \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Length of acquaintance \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
E-mail address \_\_\_\_\_

Name \_\_\_\_\_ Daytime # \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Length of acquaintance \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
E-mail address \_\_\_\_\_

Name \_\_\_\_\_ Daytime # \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Length of acquaintance \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
E-mail address \_\_\_\_\_

## **PART 4 - AFFIRMATION AND ACCEPTANCE**

I, \_\_\_\_\_, hereby affirm that all the answers on this Volunteer Advocates Program Application for Southern Indiana Adult Guardianship Services, are true to the best of my knowledge. I hereby authorize Southern Indiana Adult Guardianship Services to investigate my background to determine my fitness as a potential volunteer guardian. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a volunteer.

Furthermore, 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 incapacitated person's case to which I am assigned is being supervised by Southern Indiana Adult Guardianship Services. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to Southern Indiana Adult Guardianship Services 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 Volunteer Guardian. I promise that I shall hold all pertinent information in strict confidence. I will only discuss the contents of these materials with those persons who are parties to the case and their legal representatives or with persons or organizations that may be consulted for 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 \_\_\_\_\_

Returned completed form to:  
Missy Tackett  
Director  
Southern Indiana Adult Guardianship Services  
1490 W Main Street  
Mitchell, Indiana 47446  
[missy@thesolutionscenter.org](mailto:missy@thesolutionscenter.org)  
PHONE: (812) 675-4166; FAX: (812) 849-6002