



**VOLUNTEER  
GUARDIAN  
PROGRAM**  
Advocacy | Support | Compassion

## **VOLUNTEER APPLICATION**

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
(Home with area code) Work (with area code) (Cell with area code)

Email: \_\_\_\_\_

## **EMPLOYMENT HISTORY**

Employer: Position From (dates) to:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## **VOLUNTEER POSITIONS**

Organization: Position From (dates) to:

1) \_\_\_\_\_

2) \_\_\_\_\_

## **PERSON TO CONTACT IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

1). Do you drive a car? Yes No 2). Do you have a valid driver license? Yes No

3). Do you have automobile insurance? Yes No

4). If you have not access to a car, do you have access to public transportation? Yes No

## REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_

List any language that you speak in addition to English. Also, note if you are skilled in sign language for communicating with the hearing impaired.

\_\_\_\_\_

Describe any personal or professional experience you have working with mentally impaired adults or agencies serving them.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with, or convicted of a crime? (Even if dismissed, but not expunged- it will show up on your fingerprint report.)

Yes       No    If yes, please list charge(s):  
Date of Arrest/Disposition

Have you ever declared bankruptcy?

Yes       No    If yes, please list date(s): \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Can you commit to one year of the program? (This helps maintain consistency and encourages a trusting relationship.)

Yes       No

**Please answer this question in as much detail as possible:**

Why are you interested in being a volunteer with our program? (Written or typed is acceptable).

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**Please Read Carefully**

I understand that completion of this application does not indicate whether there are any positions currently open and that it does not obligate the agency to extend association on a volunteer basis. All of my responses to the above questions are true and I give permission for my references to be contacted. The above information and any further information will be used in determining my suitability as a volunteer. A copy of this application may be supplied to Probate Court if the court requests it. Otherwise, all information will be confidential. My signature on this application does not commit me to volunteering at this time but is completed as a statement of my interest and intent. All individuals will be considered regardless of race, age, color, religion, national origin, sex, or marital status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed application to:

**Julie Falter, Esq., MA.Ed.**  
**Volunteer Recruiter**  
**c/o Donna Barrett, MSW, LSW**  
**Volunteer Guardian Program**  
**Summit County Health Department**  
1867 W. Market St.  
Akron, OH 44313  
(330) 703-5970  
[vgpsummit@gmail.com](mailto:vgpsummit@gmail.com)