

**Stark County Probate Court**

**Volunteer Guardianship Application**

*~ While this application may seem extensive, guardianship is a serious responsibility and it is imperative that the Court take all steps necessary to ensure that those who volunteer in this capacity be of the highest moral and ethical character. The Court thanks you for your understanding and your cooperation. ~*

***Personal Information***

\_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

Maiden Name or Nickname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Length of time at current residence \_\_\_\_\_

Previous Address (if at current address less than five years)  
\_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Business phone \_\_\_\_\_ Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_

(You must be at least 18 years old to be a legal guardian.)

Social Security Number \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's name \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

List names of Children:	Age	Male/Female
_____		
_____		
_____		
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Religious Affiliation (if any) \_\_\_\_\_

What is the highest level of education that you completed? \_\_\_\_\_

Please list any colleges, degrees held, continuing education, special training, etc.

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Do you speak a foreign language? \_\_\_\_\_ If yes, which language(s)? \_\_\_\_\_

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Can you communicate using sign language? \_\_\_\_\_

Describe your hobbies and special interests \_\_\_\_\_

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Describe any specific skills and/or personal qualities you feel would be helpful to you as a volunteer guardian.

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Do you have any physical or mental conditions that may limit your ability to serve as a volunteer guardian? If yes, please explain. \_\_\_\_\_

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Do you have a valid Ohio driver's license? \_\_\_\_\_

License number \_\_\_\_\_ Expiration date \_\_\_\_\_

Do you own a car? \_\_\_\_\_ Do you have access to reliable transportation? \_\_\_\_\_

Do you have automobile liability insurance coverage? \_\_\_\_\_

***(If yes, please attach a copy of the policy declaration page – Please note: Volunteers must have automobile insurance with liability limits of at least \$300,000 combined single limit or split limits of \$100,000/\$300,000.)***

Have you ever been convicted of a felony or a crime involving theft, physical violence, or sexual, alcohol, or substance abuse? \_\_\_\_\_ If yes, explain (what, when, where, etc.).8

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***Employment Information***

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**Current Employer** \_\_\_\_\_

Address \_\_\_\_\_

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Phone Number \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Describe your position and your responsibilities \_\_\_\_\_

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**Previous Employer** \_\_\_\_\_

Address \_\_\_\_\_

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Phone Number \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Describe your position and your responsibilities \_\_\_\_\_

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**Previous Employer** (within last five years) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Describe your position and your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***References***

\_\_\_\_\_

Please provide us with three references (over the age of 18 years old). At least two of the references should be business, professional, or clergy (non-family members, please). Please notify your references so that they will expect our communication with them.

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

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_

***Volunteer Experience***

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Why are you interested in volunteering to become a guardian in our program?

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Please list any professional, personal, and/or volunteer experiences working with the elderly, the mentally ill, or the mentally disabled. \_\_\_\_\_

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Please list any other volunteer experiences, if any. \_\_\_\_\_

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How did you hear about the Volunteer Guardianship Program? \_\_\_\_\_

***Emergency Contact***

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**In an emergency, please contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_

**All applicants will be considered regardless of race, color, religion, national origin, sex, or marital status.**

**Release of Information and Agreement to Participate**

I, \_\_\_\_\_ hereby state that the information provided by me in this application is true and accurate to the best of my knowledge and ability and understand that this information will be used for the sole purpose of determining my suitability as a volunteer guardian. I am granting the Stark County Probate Court permission to contact references and employers (current and/or previous), and to complete a law enforcement agency and a Bureau of Motor Vehicles background check. I understand and agree that fingerprinting may be a part of the selection process for volunteer guardian participation.

I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation in the volunteer guardianship program. I understand that if I am injured, I am responsible for my health care costs and I agree to release the Stark County Probate Court, its officers, agents, employees, or volunteers from any and all claims for injury or illness resulting from any participation in the program.

I further understand that the clients of the Stark County Probate Court entrust important information to the Court and the relationship between the client and the Court requires that it maintains confidentiality. This fosters respect and trust. By volunteering for the Court, I understand that I am agreeing to maintain the confidentiality of all clients: this includes the present time as well as any time after leaving the volunteer program. I also understand that any violation of confidentiality seriously injures the Court’s reputation and effectiveness and could lead the Court to refuse to allow me to volunteer for the Court in any capacity in the future.

Finally, I acknowledge and agree that I am not obligated by this application to perform as guardian and that the Volunteer Guardianship Program reserves the right to decline a candidate for any reason the program believes in its own judgment is not in the best interest of prospective wards. I understand that upon successful completion of my training, I will be expected to sign a contract with the program and to serve a minimum of one year. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program coordinator with as much advance notice as possible.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Thank you for your interest in serving as a volunteer guardian through the Stark County Probate Court. Once completed, please return this application to **Guardian Support Services, Inc., 408 9<sup>th</sup> St. SW Canton, Ohio 44707**, 330 437-3720. You will be contacted by mail and/or phone within three weeks.*