

Hancock County Agency on Aging

Volunteer Guardianship Application

[While this application may seem extensive, guardianship is a serious responsibility and it is imperative that this agency take all steps necessary to ensure that the individuals that volunteer in this capacity be of the highest character. Thank you in advance for your cooperation.]

Personal Information

Name _____ Date _____

Maiden Name or Nickname _____

Address _____
Street Address City Zip Code

Length of Time at current residence _____

Previous Address _____
(If at current address less than 5 years) Street Address City State Zip Code

Home Phone # _____ Bus. Phone # _____

Cell Phone # _____ E-Mail Address: _____

Date of Birth _____ Soc. Sec. No. _____
(You must be at least 18 years old to be a legal guardian.)

Marital Status _____ Spouse's Name _____

Occupation _____ Spouse's Occupation _____

List names of children	Age	Male/Female
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Affiliation (if any) _____

What is the highest level of education you completed? _____

List any college degrees, continuing education, special training, etc. _____

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

Can you communicate using sign language? _____

Describe your hobbies and special interests _____

Describe any specific skills and/or personal qualities you would believe will be helpful to you in serving as a volunteer guardian.

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

Do you have a valid Ohio Driver's License? _____ License No. _____

Do you own a car? _____ Do you have access to reliable transportation? _____

Do you have auto liability insurance coverage? _____

(If yes, please attach a copy of the policy declaration page – Please note, Volunteers are required to 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, where, when, etc.)

References

Please provide three references who are over the age of 18. At least two of the references should be business, professional or clergy (non-family members). Please notify your references so they will expect our communication.

Name _____ Phone # _____

Address _____ Relationship _____

Name _____ Phone # _____

Address _____ Relationship _____

Name _____ Phone # _____

Address _____ Relationship _____

Volunteer Experience

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

List your professional or volunteer experiences working with the elderly, the mentally ill or the mentally disabled.

Please list your other volunteer experiences. _____

How did you hear about the Volunteer Guardianship Program? _____

In an emergency, contact:

Name _____ Phone # _____

Address _____ Relationship _____

Work Phone # _____

[All individuals 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 to the Hancock County Agency on Aging, Inc., permission to contact references, employers (current and/or previous) and to complete a law enforcement agency and a Bureau of Motor Vehicles background check, including being fingerprinted, as 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 Hancock County Agency on Aging, its Board of Trustees, officers, agents, employees, volunteers or students from any and all claims for injury or illness resulting from my participation in the program.

I further understand that the clients of the Hancock County Agency on Aging entrust important information to the agency and the relationship between the client and the agency requires that we maintain their **confidentiality**. This fosters respect and trust. By volunteering for the agency, you are agreeing to maintain the confidentiality of our clients while you are here at the agency as well as after you leave. Any violation of confidentiality seriously injures the agency's reputation and effectiveness and could lead the agency to refuse to allow you to volunteer for the agency in the future.

Finally, I acknowledge and agree that I am not obligated by this application to perform as a 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 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 this agency. Once completed, please return this application to Mike Noggle, Volunteer/Guardianship Program Coordinator, Hancock County Agency on Aging, 339 East Melrose Avenue, Findlay, Ohio 45840.