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	
	I - please describe (6-8 th grade en	ducation, HS graduate, college education) and
Are you a veteran?	A combat vet	eeran?
Are you currently a guar	dian? If yes, please explain	
Current Employment / C	Occupation	
Please list any hobbies of	or interests you have	
What inspired you to be	come a volunteer guardian?	
How did you hear about	our guardianship program?	

How many hours a month are you willing to commit to the program? 10 hours More than 10 hours \square 5 hours \square \square 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? \Box Male \Box Female \Box 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 (please include your SS#).

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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 th	e Program Coordinator	
Application received	Completed training	First volunteer assignment