Volunteer Guardianship Program

of Holmes County

Volunteer Application (please print)

Date	County of Residence	
Name		
		Cell #
Address		
list licenses (LSW, RN	, etc.)	ducation, HS graduate, college education) and
Are you a veteran?	A combat ve	teran?
Are you currently a gu	ardian? If yes, please explain	
Current Employment /	Occupation	
Please list any hobbies	or interests you have	
What inspired you to b	ecome a volunteer guardian?	
	<u> </u>	
How did you hear abou	at our guardianship program?	

How many hours a month are you v	willing to commit to the progra	am?	
□ 5 hours □ 10 ho	ours	10 hours	
	eel will help you in your role a	s a volunteer advocate for one of our	
Do you have a gender preference for	or a ward? Male	Female Either	
Have you ever been charged or con alcohol, or substance abuse? (If ap			
As part of the guardianship training provided by our program. If you have employer, please list the employer to	ave already completed a crimi	nal background check through your	
X		X	
Signature of applicant		Date	
Completed applications may be sca	nned and sent to HolmesCour	ntyVGP@gmail.com, or mailed to:	
	Volunteer Guardianship Program 1 E Jackson St, STE 201 Millersburg, OH 44654		
The following section is reserved for	or the Program Coordinator		
Application received	Completed training	First volunteer assignment	