



GAL VOLUNTEER APPLICATION FORM

Thank you for your interest in the Guardian ad Litem Program and advocacy for abused, abandoned and neglected children. The Program will use the information on this application form to assess your qualifications to serve as a volunteer guardian ad litem and conduct a security background investigation, including a criminal records check. Please read the directions carefully and complete all sections of this form as thoroughly as possible. When you complete the application, please return it along with a copy of your driver's license or photo ID and three completed reference forms. If you have any questions, please feel free to contact our office.

Please be aware that Florida has a very broad public records law and this application will be considered a public record. There are provisions in the Florida Statutes that enable the Program to protect certain information collected on this form, but if there is information that you are not comfortable providing, please speak to the circuit director to determine whether the information is critical to process the application.

Name:	Address:	
Home Phone:	Work Phone:	Cell Phone:
E-mail:		
Primary Language:	Secondary Language:	

How long have you lived at your current address? _____

Please list previous 2 addresses and how long you lived there:

Address 1:

Dates: _____

Address 2:

Dates: _____

EMPLOYMENT HISTORY

1. Name of present employer:		Address:	
Job title:	Dates of employment:	Supervisor:	Phone Number:
Is this a State Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Brief description of work:			
2. Name of previous employer:		Address:	
Job title:	Dates of employment:	Supervisor:	Phone Number:
Brief description of work:			
3. Name of next previous employer:		Address:	
Job title:	Dates of employment:	Supervisor:	Phone Number:
Brief description of work:			

VOLUNTEER EXPERIENCE

Please list your volunteer experience to include information regarding activities involving children:

Organization: _____
 Contact Information: _____
 Role/duties: _____

Dates of service: _____

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 Role/duties: _____

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TRAINING/EXPERIENCE

Please check any category in which you have training or experience:

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Arts or Graphics | <input type="checkbox"/> Child Development |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Criminology | <input type="checkbox"/> Drug/Alcohol Programs |
| <input type="checkbox"/> Education | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> News Media | <input type="checkbox"/> Public Relations/Advertising |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Social Work | <input type="checkbox"/> Writing |

List current community activities and memberships in clubs, churches and/or other organizations:

BACKGROUND INFORMATION

Have you ever been arrested for a crime: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what charge?	
Date of arrest:	Where?		
Date of disposition:	What was your plea?	What was the outcome?	
Have you ever been a party in a domestic violence case? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. _____ _____			
Have you ever had a finding of abuse, neglect, or abandonment of a child or adult entered against you or a family member or are you currently involved in a dependency case? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. _____ _____			

REFERENCES

List two (2) references who know you well and could evaluate your qualifications and ability to be a guardian ad litem. Please DO NOT list mere acquaintances or relatives. One of the references should have known you for at least five years, and the other one for at least two years. You may use the last two pages for distribution; to be completed by your references, and returned with your application.

REFERENCE 1.

Name: _____

Address: _____

Telephone: _____

Length of time known: _____ In what capacity: _____

REFERENCE 2.

Name: _____

Address: _____

Telephone: _____

Length of time known: _____ In what capacity: _____

AFFIRMATION AND RELEASE

PLEASE INITIAL:

_____ **I understand the Guardian ad Litem Program will investigate my background, character references, and that as a part of the screening process, a law enforcement records check will be conducted. I have read the above, understand its contents, and give my consent for the Guardian ad Litem Program to investigate my background and authorize release of information which might have bearing on my ability to serve as a Guardian ad Litem volunteer.**

_____ **I hereby affirm that all of the answers provided on this application are true. I understand that it is a misdemeanor of the first degree, punishable as provided in section 775.082 or section 775.083, Florida Statutes, for any person to willfully, knowingly, or intentionally fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for a volunteer position, any material fact used in making a determination as to the applicant's qualifications for such position.**

_____ **I understand the circuit director has the sole discretion to accept or reject any application.**

_____ **I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the Guardian ad Litem Program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the circuit director with as much advance notice as possible.**

Signature of Applicant: _____	Date: _____
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Reasonable modifications and auxiliary aids and services are provided for individuals with disabilities. To request a modification or auxiliary aid or service, please contact the Statewide Guardian ad Litem Office ADA Coordinator at The Holland Building, 600 South Calhoun St., Suite 260, Tallahassee, FL 32399-0979.

SECURITY BACKGROUND/CRIMINAL RECORDS CHECK

It is necessary for the Program to collect your social security number to conduct a security background check. The Program will collect and utilize your social security number for this purpose only. Social security numbers contained in public records are protected from disclosure in section 119.071, Florida Statutes.

Full name:		Maiden name:	
Address:		Previous state of residence:	
Driver's License number:		Place of birth:	
SS#:	Date of Birth:	Ethnicity:	Gender:

I hereby authorize a criminal records check, for the purpose of providing my background information to the Guardian ad Litem Program. I hereby authorize release of this information to a representative of the State of Florida Guardian ad Litem Program.

SIGNATURE: _____

Completing this page is optional. The collection of this information is requested to aid the Guardian ad Litem Program in compiling statistical data. Refusal to answer will not result in adverse treatment of any applicant.

A. Gender

- A. Male
- B. Female

B. Ethnicity

- A. African American
- B. Asian/Pacific Islander
- C. Caucasian
- D. Haitian
- E. Hispanic
- F. Latino
- G. Multi-racial
- H. Native American
- I. Other

C. Highest Level of Education Completed

- A. High School/GED
Name of School _____
- B. Completed Under Graduate Degree
Name of School _____
- C. Completed Graduate Degree
Name of School _____
- D. Other

D. Current Work Status

- A. Full Time
- B. Part Time
- C. Not Employed
- D. Student
- E. Retired
- F. Other

E. How did you hear about the Guardian ad Litem Program?

Please check one:

- | | |
|---|--|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> GAL Website/Internet |
| <input type="checkbox"/> Brochure, Flyer, Mailing | <input type="checkbox"/> Magazine or Newspaper |
| <input type="checkbox"/> Church | <input type="checkbox"/> State Agency Referral |
| <input type="checkbox"/> College or School | <input type="checkbox"/> Television or Radio Ad |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Transfer From Another GAL Program |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Volunteer Fair |
| <input type="checkbox"/> GAL Staff or Volunteer | <input type="checkbox"/> Volunteer Referral Agency |
| | <input type="checkbox"/> Other _____ |



PERSONAL REFERENCE CHECK

_____ has applied to be a Guardian ad Litem volunteer. The Guardian ad Litem Program trains volunteers in the community to provide independent representation of the best interests of children in court proceedings. Your name was given as a personal reference and your input is being solicited as part of the Program's background check. Please fill out this form and return it. If you need more space to answer a question, you may write on the back of this sheet or use a separate sheet of paper. Thank you for your prompt assistance.

NAME OF PERSON
GIVING PERSONAL REFERENCE:

(Please print or type name)

How long have you known this person? Professionally or Personally?

Have you ever observed this person with children? Y/N
If yes, what are your impressions of the interaction?

Would you recommend this person to work in a volunteer capacity with children alleged to be victims of abuse or neglect? Explain.

How do you describe this person's ability to work effectively with others?

SIGNATURE

DATE

Phone Number



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