



STATE OF FLORIDA GUARDIAN AD LITEM PROGRAM

GUARDIAN AD LITEM PRO BONO ATTORNEY APPLICATION

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. 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 I.D. 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:	Work:	Fax:	
Cell:		E-mail:	
		Languages spoken:	

Please provide your educational history:				
SCHOOLS	NAME	MAJOR/COURSE OF STUDY	HIGHEST LEVEL COMPLETED	DIPLOMA/DEGREE
COLLEGE			1 2 3 4	
GRADUATE			1 2 3 4	

Are you currently a member in good standing of the Florida Bar: _____ Florida Bar Number: _____
 Employed (full time) _____ Employed (part time) _____ Retired _____
 student _____ not employed _____

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

<input type="checkbox"/> Family Law	<input type="checkbox"/> Probate	<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Public Benefits
<input type="checkbox"/> Appeals	<input type="checkbox"/> Immigration	<input type="checkbox"/> Dependency	<input type="checkbox"/> Special Ed.	<input type="checkbox"/> Administrative Law

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

VOLUNTEER EXPERIENCE

Do you have prior volunteer experience: If so, please complete this Section.

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

Dates of service: _____

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

Dates of service: _____

AFFIRMATION AND RELEASE

PLEASE INITIAL:

_____ 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.

Signature of Applicant: _____	Date: _____
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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 _____ |