



# 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 I.D. and two 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

<b>1. Name of present employer:</b>		Address:	
Job title:	Dates of employment:	Supervisor: Phone Number:	
Is this a State Agency? YES or NO			
Brief description of work:			
<b>2. Name of previous employer:</b>		Address:	
Job title:	Dates of employment:	Supervisor: Phone Number:	
Brief description of work:			
<b>3. Name of next previous employer:</b>		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: \_\_\_\_\_

Organization: \_\_\_\_\_  
 Contact Information: \_\_\_\_\_  
 Role/duties: \_\_\_\_\_  
 \_\_\_\_\_

Dates of service: \_\_\_\_\_

Organization: \_\_\_\_\_  
 Contact Information: \_\_\_\_\_  
 Role/duties: \_\_\_\_\_  
 \_\_\_\_\_

Dates of service: \_\_\_\_\_

Organization: \_\_\_\_\_  
 Contact Information: \_\_\_\_\_  
 Role/duties: \_\_\_\_\_  
 \_\_\_\_\_

Dates of service: \_\_\_\_\_

**TRAINING/EXPERIENCE**

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

- |  |   |   |
|--|---|---|
| <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                      |
| <input type="checkbox"/> Legal           |   |   |

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

\_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been arrested for a crime: Yes ___ No ___	If yes, what charge?
Date of arrest:	Where?
Date of disposition:	What was your plea?
What was the outcome?	
Have you or an immediate family member ever been a party in or subject of <u>any investigation</u> involving an allegation of abuse, neglect or abandonment of a child? Yes ___ No ___ If yes, please explain. _____ _____	
Have you ever been involved in a <u>dependency case</u> ? Yes ___ No ___ If yes, please explain. _____ _____	
Have you ever been a victim of abuse, neglect or abandonment by a family or non-family member? Yes ___ No ___ If yes, please explain. _____ _____	
Have you ever been a <u>party in a domestic violence case</u> ? Yes ___ No ___ 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: \_\_\_\_\_

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:
<p>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.</p> <p>SIGNATURE: _____</p>			

IMPORTANT NOTICE TO THE APPLICANT: The GAL Program is required, by law, to conduct a Level 2 background screen. The background screen is done at the end of your training period. This could result in your going through the training and then being excluded because of a disqualifying offense. While that risk is small, (the list of disqualifying offenses is relatively small), we would urge you to consider this before you go through training. You may want to review the list of disqualifying offenses contained in Florida Statutes s. 435.04. You should understand, however, that any guilty finding or "no-contest" pleading to a disqualifying offense gives us no latitude to certify you as a Guardian ad Litem volunteer.

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 _____                       |