



Volunteer Guardian Application

The Volunteer Guardian Program of Crime Victim Services of Allen and Putnam Counties, Ohio, supports volunteer guardians in helping victims whose ongoing cognitive or physical vulnerability requires a guardian, appointed by and responsible for reporting to, the Allen County Probate Court.

Our mission is providing qualified, trained and committed court appointed Volunteer Guardians for adults deemed unable to make important life decisions while ensuring their safety, dignity and quality of life.

Name: _____

Address: _____

City, State, Zip _____

Home # _____ Cell # _____

Work # _____ E-mail _____

Date of Birth _____ Occupation _____

Emergency Contact #1: Name _____ Phone # _____

Relationship: _____

Emergency Contact #2: Name _____ Phone # _____

Relationship: _____

Have you been convicted of an OVI or any other offense in the last 3 years? ___Yes ___No

If yes, please explain: _____

Do you have a valid driver's license? ___Yes ___No **Do you have car insurance?** ___Yes ___No

Are you 21 years of age or older? ___Yes ___No

Do you volunteer in any other organization? ___Yes ___No

If yes, where? _____



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Eligibility Requirement

Volunteer must be 21 years of age or older

Must submit to and successfully pass federal and state background check and National Sex Offender Registry check

Volunteer Responsibilities Overview

Complete Required Training: Initial 6 hour training for Guardians through the State of Ohio Judicial College (additional 3 hours ongoing annually); 3 hours Crime Victim Services orientation (additional 2 hours ongoing annually)

Maintain ongoing visitation with protected person a minimum of once a month, while assuring access to quality medical care and addressing issues of daily living. Submit monthly reports to Guardian Coordinator.

Submit Annual Report to Probate Court, with assistance from Guardian Coordinator and staff attorney.

Learn, understand, follow and maintain the ethics of guardianship, confidentiality and rules of the court.

How did you learn of the Volunteer Guardian Program?



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What has caused you to have an interest in being a volunteer?

What interests, skills or experiences could benefit your work as a volunteer?

Do you have access to reliable transportation?

Yes NO

If not, please explain: _____

Is distance a factor for you? Note that most protected persons we serve will live in Allen County, however, some may require specific services available out of county or out of state (such as medical procedures or more restrictive residential care).

No Yes

If yes, list geographical area of preference/Area of Town:



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Is there a specific group or person that you are especially interested in working with? Check all that apply. We consider this information when matching you with a protected person.

- People with Developmental Disabilities
- People with Mental Illness
- People with illnesses related to Aging (Alzheimer’s Disease / Dementia)
- People with other mentally disabling illness (stroke/traumatic brain injury)
- People who cannot effectively communicate
- Male
- Female
- No Gender Preference
- People self-identified as part of the LGBTQ+ community
- I would be comfortable helping any of the above

Is the information you provided on this form correct and up to date? ___Yes ___No

Signature: _____ Date: _____

When returning this application, please provide a resume (including a minimum of five (5) non-relative references) or complete the attached form with employment history and a minimum of five (5) non-relative references.

Please sign and mail to:
Crime Victim Services of Allen County
330 N. Elizabeth Street, 2nd Floor
Lima, Ohio 45801.

Or, you may scan and email: kcampbell@crimevictimservices.org

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EMPLOYMENT HISTORY (List most recent experience first)

Name, Address & Phone No.	Position(s) Held	Dates (Start-End)

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REFERENCES (non-relative)

Name & Address (Include City, State and Zip)	Phone	How long known
Relationship:		
Relationship:		
Relationship:		
Relationship:		
Relationship:		