



# Volunteer Guardian Application



The 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?

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

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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:

\_\_\_\_\_

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.

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



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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, 2<sup>nd</sup> Floor  
Lima, Ohio 45801.

**Or, you may scan and email: [kcampbell@crimevictimservices.org](mailto: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:		