

Coshocton County Volunteer Guardianship Application

While this application may seem extensive, guardianship is a serious responsibility and it is imperative that the Court take all steps necessary to ensure that the individuals that volunteer in this capacity be of the highest character. Thank you in advance for your cooperation.

***Any question marked with the asterisk (*) is answered at the sole discretion of the applicant only.**

Personal Information

Name _____ Date _____

Maiden Name or Nickname _____

Address _____

Length of Time at current residence _____

Previous Address _____

(If current address less than 5 years)

Home Phone # _____ Bus. Phone # _____

Cell Phone # _____ E-Mail Address _____

Date of Birth _____

(You must be at least 18 years old to be a legal guardian)

Marital Status _____ Spouse's Name _____

Occupation _____

Spouse's Occupation _____

List names of Children	Age	Male/Female
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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What is the highest level of education you completed? _____

List any college degrees, continuing education, special training, etc. _____

Do you speak a foreign language? _____

If yes, which language(s) _____

Can you communicate using sign language? _____

*Describe your hobbies and special interests _____

*Describe any specific skills and/or personal qualities you would believe will be helpful to you in serving as a volunteer guardian _____

Do you have any physical or mental conditions that may limit your ability to serve as a volunteer guardian? If yes, please explain _____

Do you have a valid Ohio Driver's License? _____ License No. _____

Do you own a car? _____

Do you have access to reliable transportation? _____

Do you have auto liability insurance coverage? _____

(If yes, please attach a copy of the policy declaration page - Please note, Volunteers are required to have automobile insurance with liability limits of at least \$300,000 combined single limit or split limits of \$100,000/\$300,000)

Have you ever been convicted of a felony or a crime involving theft, physical violence or sexual alcohol or substance abuse? _____ If yes, explain (what, where, when, etc.)

References

Please provide three references who are over the age of 18. At least two of the references should be business, professional or clergy (non-family members). Please notify your references so they will expect our communication.

Name _____	Phone # _____
Address _____	Relationship _____
Name _____	Phone # _____
Address _____	Relationship _____
Name _____	Phone # _____
Address _____	Relationship _____

Volunteer Experience

Why are you interested in volunteering to be a guardian in our program? _____

List your professional or volunteer experiences working with elderly, the mentally ill or mentally disabled _____

Please list your other volunteer experiences _____

How did you hear about the Volunteer Guardianship Program? _____

Preference of Ward Male _____ Female _____ None _____

In an emergency, contact:

Name _____

Phone # _____

Address _____

Relationship _____

All Individuals will be considered regardless of race, color, religion, national origin, sex or material status

Release of Information and Agreement to Participate

I, _____, hereby state that the information provided by me in this application is true and accurate to the best of my knowledge and ability and understand that this information will be used for the sole purpose of determining my suitability as a volunteer guardian. I am granting to the Coshocton County Probate Court, permission to contact references, employers (current and/or previous) and to complete a law enforcement agency and a Bureau of Motor Vehicles background check, including being fingerprinted, as part of the selection process for volunteer guardian participation.

I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation in the volunteer guardianship program. I understand that if I am injured, I am responsible for my health care costs and I agree to release the Coshocton County Probate Court, officers, agents, employees, volunteers or students from any and all claims for injury or illness resulting from my participation in the program.

I further understand that the wards of Coshocton County Volunteer Guardianship Program entrust important information to the Court and relationship between the wards and the Court requires that we maintain their confidentiality. This fosters respect and trust. By volunteering for the Court, you are agreeing to maintain the confidentiality of our wards while you are here at the Court as well as after you leave. Any violations of confidentiality seriously injure the Court's reputation and effectiveness and could lead the Court to refuse to allow you to volunteer for the Court in the future.

Finally, I acknowledge and agree that I am not obligated by this application to perform as a guardian and that the Volunteer Guardianship Program reserves the right to decline a candidate for any reason the program believes in its own judgment is not in the best interest of prospective wards. If unforeseen circumstances prevent me from being a volunteer guardian, I will submit my written resignation to the program advisor with as much advance notice as possible.

Signature _____

Date _____

Thank you for your interest in serving as a volunteer guardian through the Court. Once completed, please return this application to: Volunteer Guardianship Program Advisor, Coshocton County Probate Court, 426 Main Street, Coshocton, OH 43812.