



Please check any category which you have training or experience in:				
<input type="checkbox"/> Medicine	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Advertising	<input type="checkbox"/> News Media	<input type="checkbox"/> Education
<input type="checkbox"/> Criminology	<input type="checkbox"/> Writing	<input type="checkbox"/> Arts or graphics	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Social Work
<input type="checkbox"/> Child Development	<input type="checkbox"/> Public Relations/ Advertising	<input type="checkbox"/> Drug/Alcohol Programs	<input type="checkbox"/> Counseling	<input type="checkbox"/> Mental Health
List current community activities and membership in clubs, churches, and/or other organizations:				

How did you hear about the Guardian ad Litem Program?

- |   |   |
|---|---|
| <input type="checkbox"/> Radio                  | <input type="checkbox"/> Brochure, flyer, mailing                     |
| <input type="checkbox"/> Billboard              | <input type="checkbox"/> Presentation                                 |
| <input type="checkbox"/> GAL website/internet   | <input type="checkbox"/> Magazine or newspaper                        |
| <input type="checkbox"/> Volunteer fair         | <input type="checkbox"/> Transfer from another GAL Program            |
| <input type="checkbox"/> Family/friend          | <input type="checkbox"/> Church                                       |
| <input type="checkbox"/> GAL staff or volunteer | <input type="checkbox"/> Volunteer referral agency                    |
| <input type="checkbox"/> College or school      | <input type="checkbox"/> Employer _____<br>(Please specify)           |
| <input type="checkbox"/> State agency referral  | <input type="checkbox"/> Civic organization _____<br>(Please specify) |
| <input type="checkbox"/> Television             |   |
| <input type="checkbox"/> Other _____            |   |

<b>EMPLOYMENT HISTORY</b>		
Name of present employer:		Address:
Job title:	Dates of employment:	Supervisor: Phone Number:
Brief description of work:		
Name of previous employer:		Address:
Job title:	Dates of employment:	Supervisor: Phone Number:
Brief description of work:		
Name of next previous employer:		Address:
Job title:	Dates of employment:	Supervisor: Phone Number:
Brief description of work:		

<b>BACKGROUND INFORMATION</b>		
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 ever been a party in a domestic violence case? Yes ___ No ___ If yes, please explain.		
_____		
_____		
Have you ever had a finding of abuse, neglect, or abandonment of a child or adult entered against you or a family member or are you currently involved in a dependency case? Yes ___ No ___ If yes, please explain.		
_____		
_____		

**BACKGROUND INFORMATION**

**Please list your volunteer experience:**

Organization: \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
Role/duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of service: \_\_\_\_\_

Organization: \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
Role/duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of service: \_\_\_\_\_

Organization: \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
Role/duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of service: \_\_\_\_\_

**Please provide 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: \_\_\_\_\_

**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.

1. Name:	Mailing Address:	
Telephone:	Length of time known:	In what capacity:
2. Name:	Mailing 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: _____
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**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:
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.			
SIGNATURE: _____			



STATE OF FLORIDA  
GUARDIAN AD LITEM PROGRAM

**PERSONAL REFERENCE CHECK**

\_\_\_\_\_ has applied to be a Guardian ad Litem volunteer. The Guardian ad Litem Program trains volunteers in the community to provide independent representation of the best interests of children in court proceedings. Your name was given as a personal reference and your input is being solicited as part of the Program's background check. Please fill out this form and return it. If you need more space to answer a question, you may write on the back of this sheet or use a separate sheet of paper. Thank you for your prompt assistance.

NAME OF PERSON  
GIVING PERSONAL REFERENCE:

\_\_\_\_\_  
(Please print or type name)

How long have you known this person? \_\_\_\_\_ Professionally or personally?  
\_\_\_\_\_

Have you ever observed this person with children? Y/N If yes, what are your impressions of the interaction?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend this person to work in a volunteer capacity with children alleged to be victims of abuse or neglect? Explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you describe this person's ability to work effectively with others?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
Phone Number



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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
Phone Number