

## Volunteer Guardianship Application

1900 Fairgrove Ave  
Hamilton OH 45011  
Office (513) 868-3210  
Fax (513) 868-3249

Please use black pen or type to complete

Name \_\_\_\_\_ / \_\_\_\_\_

Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

Street City County Zip

Previous Address \_\_\_\_\_

Street City/State Zip

Phone \_\_\_\_\_

(Home)

(Cell)

(Work)

Marital Status \_\_\_\_\_ Spouse Name \_\_\_\_\_

Former Spouse(s) \_\_\_\_\_ Kids Names \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Driver's License # and state issued \_\_\_\_\_

Occupation \_\_\_\_\_ Highest grad of school completed \_\_\_\_\_

Current or previous Employment/Volunteer positions:

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Volunteer Guardianship Program? \_\_\_\_\_

Why do you want to volunteer for the program? \_\_\_\_\_

Have you ever served as a guardian? ?\_yes\_no Where? \_\_\_\_\_

Are you aware that you must undergo a background/reference check? \_Y\_N

Have you ever been charged/ convicted of a felony? \_\_\_\_\_

List any language that you can speak in addition to English, including  
American Sign Language \_\_\_\_\_

Detail and personal/professional experience you may have had in working  
with the elderly or mentally impaired \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

**Please List three references that we can contact; at least 2 of these should be business/professional, clergy, etc. Please notify your references so they will expect our communication (should not be relatives)**

_____ Name	_____ Relationship	_____ Address	_____ Phone
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_____ Name	_____ Relationship	_____ Address	_____ Phone
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_____ Name	_____ Relationship	_____ Address	_____ Phone
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### **Please read carefully before signing:**

All of my responses to the questions in this application are true and I have no objection to having my references contacted or inquiries made to verify the statements herein. I fully understand that the information on this application and any other information I provide will be used in determining my suitability as a volunteer. A copy of this application may be used supplied to Probate Court if the court requests it. Otherwise, all information will be confidential. My signature on this application does not commit me to volunteering at this time, but is completed as a statement of my interest and intent. All individuals will be considered regardless of race, color, religion, national origin, sex, or marital status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

*Please be aware that Guardianship Hearings take place at the Butler or Warren County Courthouse during normal weekday business hours.-*