



Ninth Judicial Circuit

Guardian Ad Litem Program

Osceola County Courthouse

2 Courthouse Square, Suite 3400

Kissimmee, FL 34741

PH: 407-742-6656

Fax: 407-742-6670

Please attach a copy of your Driver's License & Social Security card.

Please be sure your 3 references and employment reference are attached.

Thanks!



OSCEOLA COUNTY GAL VOLUNTEER APPLICATION

Thank you for your interest in the Guardian ad Litem Program and advocacy for abused, abandoned, and neglected children. The Program will use the information on this application form to assess your qualifications to serve as a volunteer guardian ad litem and conduct a security background investigation, including a criminal records check. Please read the directions carefully and complete all sections of this form as thoroughly as possible. When you complete the application, please return it to your local GAL office along with a copy of your driver's license or photo I.D. and three completed reference forms. If you have any questions, please feel free to contact the statewide office at 1-866-341-1425 or speak to the circuit director at your local GAL program office.

Please be aware that Florida has a very broad public records law and this application will be considered a public record. There are provisions in the Florida Statutes that enable the Program to protect certain information collected on this form, but if there is information that you are not comfortable providing, please speak to the circuit director at your local office to determine whether the information is critical to process the application.

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Primary Language _____

E-Mail _____ Secondary Language _____

How long have you lived at your current address?
 From: _____ To: _____
City State ZIP Code

Do you have the ability to arrange for transportation to attend hearings and visits with your assigned child?
 YES NO

EMPLOYMENT HISTORY - Within the Last 5 Years with the Most Recent First

Company: _____ Phone: _____
 Supervisor _____
 Address: _____ Phone: _____
 Job Title: _____
 Responsibilities _____
 From: _____ To: _____



Company: _____ Phone: _____

Address: _____ Supervisor _____

Phone: _____

Job Title: _____

Responsibilities _____

From: _____ To: _____

May we contact your supervisor for a reference? YES NO



Company: _____ Phone: _____

Address: _____ Supervisor _____

Phone: _____

Job Title: _____

Responsibilities _____

From: _____ To: _____

May we contact your supervisor for a reference? YES NO



VOLUNTEER EXPERIENCE

Organization: _____ Phone: _____

Address: _____

Role / Duties: _____

Dates of Service: _____

From: _____ To: _____



Organization: _____ Phone: _____

Address: _____

Role / Duties: _____

Dates of Service: _____

From: _____ To: _____

SERVICES:



Organization: _____ Phone: _____

Address: _____

Role / Duties: _____

Dates of

Service: From: _____ To: _____



TRAINING / EXPERIENCE

Please check any category which you have training or experience in:

- Advertising Arts or Graphics Child Development
- Counseling Criminology Drug/Alcohol Programs
- Education Law Enforcement Medicine
- Mental Health News Media Public Relations/Advertising
- Public Speaking Social Work Writing (Grants, Business, Public Relations)
- Legal Disability Advocacy Mentoring

List any experience you have working with children:

BACKGROUND INFORMATION

Have you ever been arrested for a crime? YES NO

If yes, what was the charge?

Date of Arrest: _____ Where? _____ What was the outcome? _____

Have you or an immediate family member ever been a party in or subject of **any investigation** involving an allegation of abuse, neglect or abandonment of a child? YES NO

If yes, please explain.

Have you or an immediate family member ever been involved in a **dependency** case? YES NO

If yes, please explain.

Have you ever been a **victim of abuse, neglect or abandonment** by a family or non-family member?

YES

NO

If yes, please explain.

Have you ever been a **party in a domestic violence case?**

YES

NO

If yes, please explain.

REFERENCES

List three (3) 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 others for at least two years. You may use the last three pages for distribution; to be completed by your references, and returned with your application.

Reference #1

Name: _____ Phone: _____

Address: _____

Length of Time Known _____

In What Capacity? _____

Reference #2

Name: _____ Phone: _____

Address: _____

Length of Time Known _____

In What Capacity? _____

Reference #3

Name: _____ Phone: _____

Address: _____

Length of Time Known _____

In What Capacity? _____

AFFIRMATION / 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 § 775.082 or § 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: _____ Date: _____

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 § 119.071, Florida Statutes.

Full name:		Maiden name:	
Alias or Prior Names Used:			
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: _____

Completing this page is optional. The collection of this information is requested to aid the Guardian ad Litem Program in compiling statistical data. Refusal to answer will not result in adverse treatment of any applicant.

Gender

- Male
- Female

Ethnicity

- African American
- Asian American/Pacific Islander
- Caucasian
- Haitian
- Hispanic
- Latino
- Multi-racial
- Native American
- Middle Eastern
- Other

Highest Level of Education Completed

High School/GED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of School _____
Completed Under Graduate Degree	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of School _____
Completed Graduate Degree	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of School _____
Other	_____		

Current Work Status

- Full Time
- Part Time
- Not Employed
- Student
- Retired
- Other

How did you hear about the Guardian ad Litem Program?

Please check one:

- Billboard
 - GAL Website/Internet
 - Brochure, Flyer, Mailing
 - Magazine or Newspaper
 - Church
 - State Agency Referral
 - College or School
 - Television or Radio Ad
 - Corporation
 - Transfer From Another GAL Program
 - Family/Friend
 - Volunteer Fair
 - GAL Staff or Volunteer
 - Volunteer Referral Agency
 - Other
- _____



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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. 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. Please fill out this form and return (fax or mail) to the local Guardian ad Litem office. Addresses for local Programs are available by selecting Local Programs on the GAL website at www.GuardianadLitem.org.

Name of Person Giving Reference _____ Phone: _____

Address: _____

How long have you known this person? _____

Professionally or personally? _____

Have you ever observed this person with children? YES NO

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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DATE

PHONE NUMBER

Please verify employment by answering the following questions.

Applicant Name: _____ Date: _____

Please provide dates of employment. _____

What positions were held by the applicant? _____

Do you know of any reason why this applicant should not be certified as a Guardian Ad Litem to work with abused and neglected children? Yes _____ No _____

Reason: _____

Any Remarks: _____

Information furnished by: _____

Phone number: _____

The Osceola County Guardian Ad Litem Program thanks you for your cooperation and prompt response.

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PLEASE ATTACH COPIES OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD