

# VOLUNTEER GAL APPLICATION



## **Ninth Judicial Circuit Court Guardian ad Litem Program**

Osceola County Historic Courthouse

3 Courthouse Square, Suite 100

Kissimmee, FL 34741

[www.GALosceola.org](http://www.GALosceola.org)

Ph: 407-742-6656

Fax: 407-742-6670

*\*Please attach a copy of your Driver's License, and ensure that  
your Employment, and 3 References are completed.*



# 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: \_\_\_\_\_

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: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor 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: \_\_\_\_\_

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.

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

YES

NO

If yes, please explain.

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**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  
\_\_\_\_\_





# 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](http://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

€ Check here if you are interested in learning more about becoming a Guardian ad Litem



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

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER



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

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SIGNATURE

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