



2149 Collingwood Blvd.  
Toledo, Ohio 43620  
(419) 243-9178  
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www.lssnwo.org

**VOLUNTEER GUARDIANSHIP PROGRAM**  
**VOLUNTEER APPLICATION**  
2149 COLLINGWOOD BLVD  
TOLEDO, OHIO 43620  
(419) 243-9178

We thank you for your interest in becoming a volunteer guardian so that this agency can ensure that the individuals who volunteer in this capacity be of the highest character.  
**Applications need to be thoroughly completed in order to be considered.**

**Personal Information:**

Date \_\_\_\_\_

Name \_\_\_\_\_ Maiden Name or  
Nickname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Code	Street Address	City	Zip
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Home Phone # \_\_\_\_\_ Bus.  
Phone# \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-Mail  
Address \_\_\_\_\_

A good time to call  
is \_\_\_\_\_

Fax \_\_\_\_\_ Soc. Sec.  
No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of  
Birth \_\_\_\_\_

**This program requires you to be at least 21 years old, U.S. citizen, resident in the State of Ohio with no criminal record. All individuals will be considered regardless of race, color, religion, national origin, sex or marital status.**

Occupation of Applicant \_\_\_\_\_

Religious Affiliation (if any) \_\_\_\_\_

**Education:**

<b>School:</b>	<b>Name/Location:</b>	<b>Study Area:</b>	<b># Years:</b>	<b>Degree/Diploma Received:</b>
<b>Graduate</b>				
<b>College</b>				
<b>Business/Trade</b>				
<b>High School/ GED</b>				

Do you speak a foreign language? \_\_\_\_\_ If yes, which language? \_\_\_\_\_

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Previous  
Employer** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Code \_\_\_\_\_

Employed \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Phone No. \_\_\_\_\_ Name of \_\_\_\_\_

Supervisor \_\_\_\_\_

Describe your position/  
responsibilities \_\_\_\_\_

Reason for  
leaving \_\_\_\_\_

—  
Are you known to any of the above listed employers by a different name? Indicate Name and Date used.

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**References:**

Please provide thorough information on four references that 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 \_\_\_\_\_ Relationship \_\_\_\_\_ Length of time  
known \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Length of time  
known \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Length of time  
known \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail?  
\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Length of time  
known \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail?  
\_\_\_\_\_

**In an emergency, contact:**

Name \_\_\_\_\_ Phone

# \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address

City

Zip Code

**Volunteer Positions:**

Organization's Name:	Position:	Responsibilities/ Activities:	Dates @ Organization:	Contact Person:	Phone#:

**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 Lutheran Social services of Northwestern Ohio, 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 Lutheran Social Services of Northwestern Ohio, its Board of Trustees, 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 clients of Lutheran Social Services of Northwestern Ohio, entrust important information to the agency and the relationship between the client and the agency requires that we maintain their **confidentiality**. This fosters respect and trust. By volunteering for the Volunteer Guardianship Program, you are agreeing to maintain the confidentiality of our clients while you are here at this agency as well as after you leave. Any violation of confidentiality seriously injures the agency's reputation and effectiveness and could lead the agency to refuse to allow you to volunteer for the agency 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. I understand that if I commit to being a volunteer guardian, I may need to be bonded. I understand that upon successful completion of my training, I will be expected to sign a contract with the Volunteer Guardianship Coordinator and serve a minimum of one year. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Volunteer Guardianship Coordinator with as much advance notice as possible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for your interest in serving as a volunteer guardian through this agency. Once completed, please return this application to Monica Slovak, MSW, LSW, Older Adult Services Program Manager, Lutheran Social Services of Northwestern Ohio, 2149 Collingwood Blvd., Toledo, Ohio 43620.*

Training will be required for all volunteers. Please check times you are usually available:

9:00am-12:00pm

\_\_\_\_\_  
Mon.    Tues    Wed    Thur    Fri    Sat

1:00pm-4:00pm

\_\_\_\_\_  
Mon    Tues    Wed    Thur    Fri    Sat

6:00pm-9:00pm

\_\_\_\_\_  
Mon    Tues    Wed    Thur    Fri    Sat