



2149 Collingwood Blvd.
Toledo, Ohio 43620
(419) 243-9178
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**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:

Name _____ Date _____

Maiden Name or Nickname _____

Address _____
Street Address City Zip Code

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) _____

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Education:

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

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.

Do you have any physical or mental conditions that may limit your ability to serve as a volunteer guardian? If yes, please explain. _____

Do you have a valid Ohio Driver's License? _____ License No. _____

Do you have access to reliable transportation? _____ Do you own a car? _____

Do you have auto liability insurance coverage? If needed, _____

Are there any violations or citations on your driving record? Explain. _____

Have you ever been convicted of a felony or a crime involving theft, physical violence or sexual, alcohol or substance abuse? _____ If yes, explain (what, where, when etc.) If none, please state NONE.

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Name _____ Phone # _____
 Address _____ Relationship _____
 Length of time known _____

Name _____ Phone # _____
 Address _____ Relationship _____
 Length of time known _____

In an emergency, contact:

Name _____ Phone # _____
 Address _____ Relationship _____
 Work Phone # _____

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.

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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 Director 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 Director 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.

All individuals will be considered regardless of race, color, religion, national origin, sex or marital status.

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