



2149 Collingwood Blvd.  
Toledo, Ohio 43520  
(419) 243-9178  
Fax: (419) 243-4450  
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**VOLUNTEER GUARDIANSHIP PROGRAM**  
**VOLUNTEER INQUIRY FORM**  
2149 COLLINGWOOD BLVD  
TOLEDO, OHIO 43620  
(419) 243-9178

The Volunteer Guardianship Program provides legal guardians for incompetent older adults in Lucas County. The purpose of the program is to provide a service by which trained volunteer guardians are assigned to indigent older adults who have been deemed incompetent by the Lucas County Probate Court. The guardian makes decisions and gives consent for services for the individual, including placement, medical treatment and other therapies.

**Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

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

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

Home Phone # \_\_\_\_\_ Bus. Phone# \_\_\_\_\_

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

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

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

**You must be at least at least 18 years old to be a legal guardian. This program requires you to be at least 21 years old, U.S. citizen, a resident of the Sate 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) \_\_\_\_\_

Volunteer Guardian Program—Inquiry Form

What is the highest level of education you completed? \_\_\_\_\_

List any college degrees, continuing education, special training, etc. \_\_\_\_\_

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**Volunteer Experience**

Why are you interested in volunteering to be a guardian in our program?

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List your professional or volunteer experiences working with the elderly, the mentally ill or the mentally disabled.

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Please list your other volunteer experiences.

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How did you hear about the Volunteer Guardianship Program?

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**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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Volunteer Guardian Program—Inquiry Form

Thank you for your interest in serving as a volunteer guardian through this agency. Once completed, **please return this inquiry form 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.**