

LATAH COUNTY BOARD OF COMMUNITY GUARDIANS
PO Box 8637
Moscow, ID 83843
latahbocg@gmail.com

VOLUNTEER GUARDIAN APPLICATION

The information provided in this application is exclusively for use by the Board of Community Guardians to determine eligibility for volunteer guardians and will not be shared with any other individuals or agencies.

I. PERSONAL DATA

Legal name: _____

Date of Birth: _____

Street Address: _____

City: _____ Zip Code: _____

Cell phone: _____ Home phone: _____

Work phone: _____ Email: _____

II. EDUCATION: Please note highest level of education

III. WORK HISTORY: Please list your current or most recent employer

Employer: _____

Position Held: _____

City/State _____ from _____ to _____

IV. VOLUNTEER INFORMATION AND HISTORY

Please list previous volunteer experience:

Please discuss why you are interested in becoming a volunteer guardian:

Are you currently serving or have you ever served as guardian, conservator, payee, power of attorney or durable power of attorney for health care decisions? Yes No

If yes, please explain.

Do you have any immediate family member(s) employed by a company or organization that provides individuals with services and supports (i.e. nursing home, guardianship services, home health etc.)?

Yes No

If 'yes', please list name of individual(s), relationship (i.e. spouse), and name of company/organization:

V. PERSONAL BACKGROUND INFORMATION

Have you ever been charged and/or convicted of a crime other than a minor traffic offense? Yes No

If yes, provide dates and specific information.

Have you ever been involved with, charged and/or substantiated in a Social and Rehabilitation Services (SRS) investigation of abuse, neglect, or exploitation of a child or an adult? Yes No

If yes, provide dates and specific information:

Do you suffer from any physical or mental ailments that could potentially prevent you from performing your duties as a volunteer guardian? Yes No

If yes, please explain:

VI. SELF-ASSESSMENT

Please rate yourself in each category:

5= excellent 4=good 3=unsure 2= average 1= below average

- The BOCG seeks volunteers who are compassionate, caring and able to serve as personal advocates.
 - _____ Act responsibly and appropriately to the needs of others
 - _____ Interact with people of differing background, culture, race and opinion
 - _____ Interact with persons with mentally disabling conditions

- The BOCG seeks volunteers who are dependable and keep their commitments.
 - _____ Personal integrity and honesty
 - _____ Self-initiative
 - _____ Follow guidelines and procedures
 - _____ Independent and assertive
 - _____ Work with limited supervision
 - _____ Fulfill commitments in a timely manner
 - _____ Finish reports/paperwork in a timely manner

VII. REFERENCES

Please provide information for three people that you have known for at least one year. **DO NOT USE RELATIVES.** Please notify the listed references to expect contact from the Board of Community Guardians.

Name: _____

Phone Number: _____

Email: _____

Length of time known: _____

Relationship: _____

Name: _____

Phone Number: _____

Email: _____

Length of time known: _____

Relationship: _____

Name: _____

Phone Number: _____

Email: _____

Length of time known: _____

Relationship: _____

Volunteer Agreement

In signing below, I verify the information provided in this application to be true and accurate. I agree to respect the confidential nature of case information, as well as my personal contacts with wards of the BOCG.

Signature _____

Date _____