

Adult Guardianship & Advocacy Program

VOLUNTEER APPLICATION FORM

PART 1 – PERSONAL INFORMATION

A. GENERAL HISTORY

Name _____ Date of Birth _____

Address _____
Street

City Zip

Home Phone _____

Cellular _____

Fax _____

E-mail _____

Are you a U.S. citizen? _____

Email: _____

Employer _____

Business Address _____

City Zip

Business Phone: _____

May we call you at work _____
Yes No

Are you currently a volunteer of Family Services, Inc.? _____

Spouse

Name _____

Spouse's Occupation _____

Employer _____ Phone _____

Emergency Contact _____

Address and Telephone number _____

Are you at least 21 years of age? _____

Describe the condition of your general health: _____

Please describe any limitations that could interfere with your performance _____

Name(s) of community and religious organization(s) or clubs you hold membership in: _____

Current or past offices held: _____

B. TRANSPORTATION

Do you have a valid driver's license? Yes ___ No ___ License # _____

Do you have a car available to you? Yes ___ No ___

C. EMPLOYMENT / VOLUNTEER WORK HISTORY

1. Present employer or volunteer program _____

Date you began employment / volunteer work _____

Address _____ Telephone _____

_____ Fax _____

Job Description _____

2. Previous employer or volunteer program _____

Beginning and ending dates of employment / volunteer work _____

Address _____ Telephone _____

_____ Fax _____

Job Description _____

3. Previous employer or volunteer program _____

Beginning and ending dates of employment / volunteer work _____

Address _____ Telephone _____

_____ Fax _____

Job Description _____

D. EDUCATION / TRAINING EXPERIENCE

Did you graduate from High School? Yes _____ No _____

Name of School and Year Graduated _____

Did you attend college or technical/trade school? Yes _____ No _____

Name of school and dates attended _____

College Degree(s) and professional/trade licenses held _____

Other Educational/Training Programs Completed _____

Do you have training and/or work experience in any of the following areas?

_____ counseling	_____ office administration
_____ criminology	_____ law
_____ drug / alcohol abuse	_____ public speaking
_____ education	_____ law enforcement
_____ geriatric care	_____ psychology
_____ health care	_____ social work
_____ mental health	_____ writing
_____ news media	_____ other _____
_____ nursing	_____

If yes, please describe _____

Do you speak a foreign language? _____ Please List _____

E. LEGAL HISTORY

Have you ever been arrested, indicted or charged with a misdemeanor or criminal offense?

Yes _____ No _____

If yes, please explain _____

Have you ever been convicted of a misdemeanor or criminal offense?

Yes _____ No _____

If yes, please explain _____

Have you ever been involved as a party in a probate court case? Yes _____ No _____

If yes, please explain _____

Have you ever been the subject of a child abuse, domestic violence or adult protection investigation? Yes _____ No _____

If yes, please explain _____

PART 2 – MOTIVATION AND LIFE HISTORY INFORMATION

Please answer the following questions in paragraph form on a separate sheet of paper.

1. Write a short summary about your interest in volunteering with AGAP, and how you hope to benefit from your experience with the Program.
2. Briefly explain what led to your decision to apply for a volunteer position in AGAP? (What attracted you to this particular program?)
3. Briefly explain your philosophy on aging including the rights of the elderly.
4. Briefly explain what role you believe society should play in:
 - a) protecting the elderly and/or disabled
 - b) helping the elderly and/or disabled to overcome hardships and remain living independently
5. Please write a one-page autobiography.

PART 3 – PERSONAL REFERENCES

AGAP requires three personal or professional references to complete the Volunteer Application. Please print the names, addresses, zip codes, email addresses, and telephone numbers of three people who have known you for a minimum of two years. The references need to be individuals who can address how well you relate to elderly and/or incapacitated persons and how well you can fulfill the responsibility of being an AGAP Volunteer. Please do not include relatives.

Name _____ Relationship _____
Daytime Telephone Number _____ Length of acquaintance _____
Address _____
Email: _____

Name _____ Relationship _____
Daytime Telephone Number _____ Length of acquaintance _____
Address _____
Email: _____

Name _____ Relationship _____
Daytime Telephone Number _____ Length of acquaintance _____
Address _____
Email: _____

PART 4 – AFFIRMATION AND RELEASE

I, _____, hereby affirm that all the answers on the above Volunteer Application for the *Adult Guardianship & Advocacy Program* are true to the best of my knowledge. I hereby authorize Family Services, Inc., to investigate my background to determine my fitness as a potential AGAP Volunteer. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a volunteer.

Furthermore, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the AGAP Program Coordinator as soon as possible.

I am aware of the sensitive and confidential nature of the official documents, reports and other materials I will examine in my capacity as an AGAP Volunteer. I promise that I shall hold all pertinent information in strict confidence. I will only discuss the contents of these materials with those persons who are parties to the case and their legal representatives or with persons or organizations that may be consulted for professional knowledge or expertise. I will not remove any written records from the AGAP office without expressed permission. I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this statement.

Signed: _____ Date: _____

Address: _____

Telephone Number: _____

E-mail: _____

**Return completed form to: Family Services, Inc., AGAP,
618 N. 18th Street Suite 201, Lafayette, IN 47904
FAX 742-8272**