

Volunteer Advocates for Children
Guardian ad Litem Program
Legal Aid Society of the Orange County Bar Association, Inc.
100 E. Robinson St.
Orlando, FL 32801
Telephone: (407) 841-8310 x3149 Fax: (407) 843-9713

VOLUNTEER APPLICATION

Name: _____
Last First Middle Maiden

Address: _____

City: _____ **Zip Code:** _____ **County:** _____

Phone: Home (____) _____ **Work** (____) _____ **Other** (____) _____

E-mail Address: _____

SSN: _____ **Drivers License #:** _____ **Exp.** ____/____/____

Sex: M F **Marital Status:** Single Married Divorced Widowed

Date of Birth: _____ **Place of Birth:** _____

Race (optional): African-American Asian/Pacific Islander Caribbean Caucasian
 Hispanic/Latino Indian Sub-continent Multi-racial Native American
 Other _____

Number of people (including children) residing in your household:

Name	Date of Birth	Sex	SSN	Relationship

EDUCATION:

High School: Graduation Date _____ or Date GED awarded _____

College: (highest level completed) 1 2 3 4 Degree/ Date _____

Graduate School: (highest level completed) 1 2 3 4 Degree/Date _____

Name of present or last school attended: _____

Location: _____

Areas of study: _____

What languages do you speak other than English? _____

Do you have any health or physical limitations that may prevent you from performing the necessary duties that may be required of you as a Volunteer Advocate for Children? No Yes (explain) _____

Do you drive and have a vehicle available to you? No Yes

Do you have a current car insurance policy? No Yes

What type of car do you drive?

Year _____ Make _____ Model _____

What is your tag number? _____

Have you had any traffic violations within the last three years? No Yes

Have you ever been arrested? No Yes If yes, explain: _____

Dates of arrest: _____ Where? _____

Have you been convicted of a crime? No Yes If yes, explain: _____

Dates of convictions: _____ Where? _____

What name were you arrested under? _____

A prior conviction will not necessarily exclude you from serving as a VAC

EMPLOYMENT HISTORY: Are you currently employed? No Yes

If Yes Please provide information for your last 3 employers or the last 5 years. If no please provide most recent employer.

1. Present/most recent Employer: _____

Supervisor's Name: _____ Phone #: (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Position: _____ Employed from ____/____ to ____/____

Duties: _____

2. Former Employer: _____

Supervisor's Name: _____ Phone #: (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Position: _____ Employed from ____/____ to ____/____

Duties: _____

3. Former Employer: _____

Supervisor's Name: _____ Phone #: (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Position: _____ Employed from ____/____ to ____/____

Duties: _____

If accepted as a volunteer, may Legal Aid Society contact your current employer to thank them for your participation? No Yes

Check any of the following areas in which you have training or work experience:

<input type="checkbox"/> Medicine, public health	<input type="checkbox"/> Social work, foster care, adoptions	<input type="checkbox"/> Mental health, psychology, counseling, substance abuse
<input type="checkbox"/> Law, law enforcement	<input type="checkbox"/> Sports/recreational activities	<input type="checkbox"/> Art, music, drama, creative writing
<input type="checkbox"/> Education, child development	<input type="checkbox"/> Homemaking, parenting	<input type="checkbox"/> Public relations, media, journalism

Please give a brief description of your experience in the areas checked above: _____

What are your hobbies and interests? _____

VOLUNTEER EXPERIENCE:

List current community activities or membership in clubs, church and other organizations: _____

Briefly describe prior experience with volunteer projects and reason for leaving: _____

PERSONAL REFERENCES: (Please list three, including at least two non-relatives.)

1. Name: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____

3. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT(s):

Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Describe at least one experience in your life that has enhanced your ability to sympathize with a child or family in crisis: _____

Please state briefly the reasons why you are interested in serving as a Volunteer Advocate for Children:

How much time per week will you be able to contribute? _____

Which days are you available?

- Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Times: _____

How did you learn about the VAC Program? _____

DISCLOSURE

IT IS A MISDEMEANOR IN THE FIRST DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082 OR S. 775.083, FOR ANY PERSON TO WILLFULLY, KNOWINGLY, OR INTENTIONALLY, BY FALSE STATEMENT, MISREPRESENTATION, IMPERSONATION, OR FRAUDULENT MEANS, TO DISCLOSE IN ANY APPLICATION FOR A VOLUNTEER POSITION OR FOR PAID EMPLOYMENT WITH THE GUARDIAN AD LITEM PROGRAM, ANY MATERIAL FACT USED IN MAKING A DETERMINATION AS TO THE APPLICANT'S QUALIFICATIONS FOR SUCH POSITION. FLORIDA STATUTES SECTION 39.821(3)

By my signature below, I hereby certify that the information I have provided in this application is true to the best of my knowledge, and that I will inform the Volunteer Advocates for Children Program of the Legal Aid Society of the Orange County Bar Association, Inc. of any changes in a timely fashion.

Signature: _____

Date: _____

Print Name: _____

GUARDIAN AD LITEM PROGRAM
Legal Aid Society of the Orange County Bar Association
100 East Robinson Street.
Orlando, FL 32801
Telephone: (407)841-8310 x3138
Fax: (407)843-9713

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PLEASE READ AND SIGN

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Legal Aid Society of the Orange County Bar Association to conduct an investigation of my background in conjunction with their official duties, including verifying my current employment and contacting my references.

With this release I further understand that the Guardian Ad Litem Program may check with the Department of Law Enforcement and the State of Florida Child Abuse Registry. Finger printing and other background checks deemed necessary might be conducted.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use by the Legal Aid Society Guardian Ad Litem Program.

I have read the above waiver and release statement and fully understand the rights I am waving by signing this document.

PRINT FULL NAME: _____

SIGNATURE: _____

ADDRESS: _____

SEX: _____ DATE OF BIRTH: _____ SSN: _____

