

# MID OHIO GUARDIANSHIP SERVICES, INC.



## Volunteer Guardian Application:

*While this application may seem extensive, the court requires much of the information requested. It will be kept confidential. Our guardians do not handle money. They monitor medical care and quality of life and make decisions related to these areas.*

**Note: Use mouse to move to each new field when filling in**

Complete Full Name: (Same as when signing a document) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E/Mail: Work \_\_\_\_\_ Home \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse, if any: (Court asks this on forms): If no spouse, list emergency contact:

Name: \_\_\_\_\_ Date Married: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

1. How did you learn of Mid Oho Guardianship Services?

2. Why do you want to serve as a guardian for someone with a disability?

3. Are you presently serving as a guardian, or representative payee?

\_\_\_\_ Yes \_\_\_\_ No If yes, describe: \_\_\_\_\_

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4. Do you have medical issues (including physical, mental health or substance abuse) that may impact your ability to serve as a volunteer guardian of another person?  Yes  No

5. Do you have access to reliable transportation? (2) Visits per month to your person are a request of the program.

Yes  No If no, please explain: \_\_\_\_\_

6. Have you ever been charged with, or convicted of a crime? This may not exclude you as a candidate, but you should be willing to discuss the circumstances at the appointment hearing. A fingerprint report is required by the court at the time of filing. MOGS will give you the form to complete at their expense.

Yes  No  Expunged If yes, please list charge(s): \_\_\_\_\_

Date of Arrest / Disposition: \_\_\_\_\_

7. List current community activities and memberships, if any: \_\_\_\_\_

8. Is there a group, or specific gender that you are particularly interested in working with? Check all that apply.

We use this to match you with someone you would enjoy helping.

\_\_\_\_ People with MR/DD

\_\_\_\_ People with mental illness

\_\_\_\_ People with illnesses related to aging

\_\_\_\_ People with other mentally disabling illness - (i.e. stroke, traumatic brain injury)

\_\_\_\_ People who cannot communicate (i.e. it is not important to me that the person I help can acknowledge my efforts.)

\_\_\_\_ Male  Female  No Gender Preference

\_\_\_\_ I would be comfortable helping any of the above.

Is distance a factor for you? \_\_\_\_\_

If yes, List Geographical area of preference / Area of Town: \_\_\_\_\_

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## EDUCATION:

High School \_\_\_\_\_ College \_\_\_\_\_

Graduate \_\_\_ Yes \_\_\_ No Degree In \_\_\_\_\_

Post College Study? \_\_\_ Yes \_\_\_ No Degree In \_\_\_\_\_

Are you presently enrolled in school? \_\_\_ Yes \_\_\_ No

If yes answer below.

School \_\_\_\_\_ Course of Study \_\_\_\_\_

Can you commit at a minimum of one year to the program? \_\_\_\_\_

## Work / Life Experience and Skills: Mark all that apply and describe briefly

<input type="checkbox"/> Education	<input type="checkbox"/> Art / Graphic Design	<input type="checkbox"/> Church work
<input type="checkbox"/> Social Work	<input type="checkbox"/> Counseling / Psychology	<input type="checkbox"/> Community outreach
<input type="checkbox"/> Writing	<input type="checkbox"/> Children's issues	<input type="checkbox"/> Public speaking
<input type="checkbox"/> Mental Health / Substance abuse	<input type="checkbox"/> Advertising / Public relations	<input type="checkbox"/> News / Media
<input type="checkbox"/> Medicine / Healthcare	<input type="checkbox"/> Law enforcement / Criminology	<input type="checkbox"/> Other Specify

# MID OHIO GUARDIANSHIP SERVICES, INC.

## Current Employer:

Company Name:					
Address:					
City:		State:		Zip Code:	
Your Work Phone:		Position:			
Supervisor Name and Address		Supervisor Phone:			

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**WORK:** List other employers if you have not been in your current position greater than 3 years. If you were a student for part of the 3 years history list student and where. Court papers ask for 3 year history include schooling if full time student during this time. No need to list employment more than 3 years back.

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Company: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Description of work: \_\_\_\_\_

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Company: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Description of work: \_\_\_\_\_

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Company: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Description of work: \_\_\_\_\_

# MID OHIO GUARDIANSHIP SERVICES, INC.

**Personal Character References: PLEASE PROVIDE ALL 3 REFERENCES (With Complete Addresses)** they must have known you for at least one year. Do not use relatives.. Please let these people know that they are being used as a reference and will be contacted in writing by the Volunteer Guardian Program.

**\*\* Please Print Neatly**

<p><b>One Reference Must Be From Employer, if Employed</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Zip: _____</p> <p>Relationship: _____</p>	<p>Phone: _____</p> <p>Length of time known: _____</p>
<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Zip: _____</p> <p>Relationship: _____</p>	<p>Phone: _____</p> <p>Length of time known: _____</p>
<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Zip: _____</p> <p>Relationship: _____</p>	<p>Phone: _____</p> <p>Length of time known: _____</p>

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**Additional Information that may be needed for court forms:**

Previous Address dating back 3 years. (Only needed if you have NOT lived in your current residence 3 years)

1. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
2. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
3. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

**Reminder: You will NOT be handling money. The following questions are asked on court forms in the normal course of any guardianship in certain counties. No account numbers or values are asked. This data helps to show you are commitment to the community.**

Bank Name: \_\_\_\_\_ Length of time user of bank? \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other \_\_\_\_\_

Bank Name: \_\_\_\_\_ Length of time user of bank? \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other \_\_\_\_\_

Have you ever: (yes or no to each): ***Because our guardians do not handle money, the answers to the money related questions below do not impact our program. If you have been convicted of a felony, please call us to discuss when, what, and special circumstances. We can help you decide if it will impact your application to the court.***

Filed for Bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Been Garnisheed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Been in Receivership? \_\_\_\_\_ Yes \_\_\_\_\_ No

Been Convicted of a Felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Explain: \_\_\_\_\_

Had Experience in handling Marketable Securities? \_\_\_\_\_ Yes \_\_\_\_\_ No

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## Affirmation and Release of Information: (please initial each statement after reading).

\_\_\_\_\_ I hereby affirm that all the answers provided on my volunteer application are true. I understand that if my BCII report indicates a record that I have not revealed it is grounds for automatic termination of my application.

\_\_\_\_\_ I acknowledge and agree that I am not obligated by this application to become a volunteer guardian. The application and interview are designed to help me make that decision.

\_\_\_\_\_ MOGS 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, the program or the individual making application.

\_\_\_\_\_ I understand that the information requested in this application will be used only for the purpose of determining my suitability as a MOGS Volunteer Guardian.

\_\_\_\_\_ I understand that 6 hours of training is required by Ohio Supreme Court Rule 66: The training can be obtained or online through the Supreme Court basic training.

\_\_\_\_\_ Once appointed I agree to serve a minimum of one year for my person. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as possible to give the program sufficient time to find a qualified and appropriate successor guardian.

\_\_\_\_\_ I understand that once appointed by a court, I am the legal guardian of my person until a new guardian is appointed by the court or my person dies.

\_\_\_\_\_ I understand that if I fail to follow National Guardianship Standards, the Volunteer Guardian Program may seek my removal as legal guardian. Case managers are available to provide guidance.

\_\_\_\_\_ I understand that the MOGS volunteer guardian program uses staff to support the volunteer. It is my responsibility to contact MOGS staff when I have questions, and I agree to complete/return the quarterly report when sent to me so the MOGS staff can be up to date on my person's situation.

\_\_\_\_\_ I will keep all sensitive information about my person confidential (from outside the program third parties) unless disclosure is needed to secure professional services.

Name (please print): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_