WILLIAMS COUNTY COMMON PLEAS COURT
PROBATE DIVISION

VOLUNTEER GUARDIAN APPLICATION

Name: _____ Today's Date: _____

Home Address: _____

If you have lived outside Ohio in the last five years, please list your previous address(es):

_____

_____

Phone: _____ Email address: _____

Do you have a valid Ohio Driver's License: □ No □ Yes Date of birth: _____

Have you ever been a party to any legal civil or criminal proceedings? □ No □ Yes (explain below)

_____

_____

Highest level of education completed: _____

Name of school: _____ List any certifications, special skills, or other qualities which would be beneficial to the program: _____

_____

_____

References – please list three non-relative references we can contact:

Full name: _____ Relationship: _____

Address: _____ Phone: _____

Full name: _____ Relationship: _____

Address: _____ Phone: _____

Full name: _____ Relationship: _____

Address: _____ Phone: _____

Current Employer:

Company: _____ Phone: _____

Address: _____ Job Title: _____

Dates employed: _____ Responsibilities: _____

_____

Previous Employer:

Company: _____ Phone: _____

Address: _____ Job Title: _____

Dates employed: _____ Responsibilities: _____

_____

Please describe any volunteer experience: _____

_____

_____

_____

Why are you interested in being a Volunteer Guardian? _____

_____

_____

_____

I swear that the information provided in this application is true and accurate to the best of my knowledge. I understand this information will be used for the sole purpose of determining my suitability to act as a Volunteer Guardian. I grant the Probate Division of the Common Pleas Court permission to contact my listed references and employers and to complete a law enforcement agency and Bureau of Motor Vehicles background check as part of the selection process for the Volunteer Guardian Program. I also understand it is my responsibility to undergo a BCI records check and provide the results to the Court.

_____

Applicant's signature